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ABSTRACT

The final report contains narrative and evaluation information for the UNISTAPS Project, a family oriented noncategorical program for severely handicapped children birth to 4 or 5 years. Sections deal with such topics as preschool state guidelines, major strengths and weaknesses of the UNISTAPS Projects, interagency coordination in early identification, multidisciplinary teaming, recordkeeping, structure of the service delivery system, major program components (including individual parent-child teaching sessions, inservice training for nursery school teachers, and a prekindergarten readiness nursery), the parent/family education program, a regional program for the hearing impaired, and roles and functions of multidisciplinary team members. The final portion of the book presents evaluation, dissemination, and replication information for UNISTAPS. (CL)

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The UNISTAPS* Project

a family oriented noncategorical program

for severely handicapped children

birth to four/five years

FINAL REPORT

1969-1977

*UNISTAPS = UNIversity of Minnesota
STAte Department of Education
Minneapolis Public Schools

*Validated, U.S. Office of Education
September, 1975

EC103374

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Minnesota Department of Education, Division of Special and Compensatory Education
St. Paul, Minnesota 55101

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A "First Chance" Project
U.S. Office of Education
Bureau of Education for the Handicapped
Washington, D.C.
Grant #EG-0725367

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INTRODUCTION

Winifred H. Northcott

The "First Chance" network of the Handicapped Children's Early Education Program, Bureau of Education for the Handicapped, United States Office of Education, has been operational since 1969 when 19 model demonstration projects were funded. Since then, the number has expanded to nearly 200 among the 50 states. The UNISTAPS Project was one of the first year "pioneers". The grantee from 1969-1977 has remained the Minnesota Department of Education. The laboratory program: the Family Oriented SPECIAL EDUCATION PRESCHOOL PROGRAM, 0-4.5 Years is in the Minneapolis Public Schools.

The challenge and charge to each project director and staff was to develop a program for examination and dissemination to local education agencies, institutions and community agencies seeking to initiate or expand direct service programs for very young handicapped children and their families.

The UNISTAPS Project is currently one of six projects in the "First Chance" network which has been validated by the U.S. Office of Education (Joint Dissemination Review Panel) for national dissemination and replication, as appropriate.

The UNISTAPS Project is, therefore, an exemplary* model (not the model) of early intervention for severely handicapped children, 0-4/5 years; a prototype of the *State Guidelines: Preschool Educational Programs for the Handicapped* in Minnesota, approved by the State Board of Education in December, 1974. Formal distribution of the *Guidelines* marked the successful conclusion of four years' work by a Document Development Committee, convened by the Minnesota Commissioner of Education, and closure on a major UNISTAPS objective. The Project Director served as Resource Officer to the Chairperson and Committee.

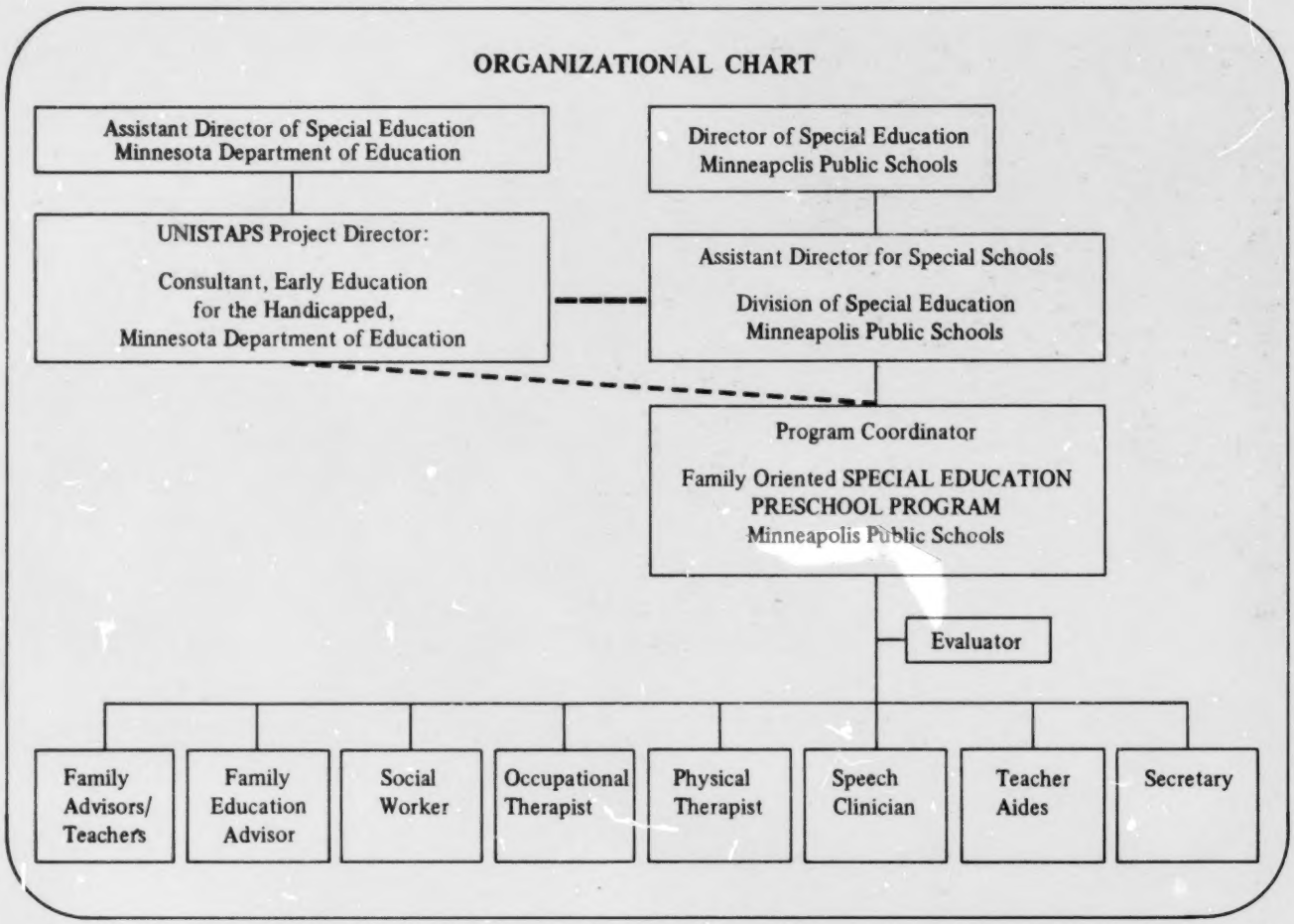
The UNISTAPS Project serves as one example of a program with internal consistency in terms of stated goals, objectives, activities to reach them, and a formal evaluation plan designed to improve, not prove, the system of individualized educational programming for each child and family according to their unique lifestyle and values.

This, then, is a team report – reflecting the consortium of effort on the part of the agencies and institutions formally participating in the eight year development of the UNISTAPS Project. The acronym identifies them as: UNIversity of Minnesota; STAte Department of Education; Minneapolis P.S. It is a report by the multidisciplinary team of specialists which reflects a partnership and shared responsibility with enrolled families to jointly design a program of services for young children with severe developmental delays where parents are the first pupils.

*The word exemplary refers to elements in the programs that serve as examples in the field, since programs were validated on the basis of notable elements rather than on the basis of total or proven (validated) exemplariness.

PROJECT OVERVIEW

Winifred H. Northcott



The UNISTAPS Project operates at two levels, in two separate locations. 1. The Minnesota Department of Education, Division of Special and Compensatory Education (grantee) The Project Director, Winifred H. Northcott, is State Consultant, Early Childhood Education for the Handicapped. Kathleen C. McNellis is the Interagency Coordinator: Child Identification. 2. The laboratory program: Family Oriented SPECIAL EDUCATION INFANT/PRESCHOOL PROGRAM, 0-4/5, Minneapolis Public Schools. Lou C. Erickson is the Coordinator.

UNISTAPS has evolved from a program which served only hearing impaired (deaf and hard of hearing) children in 1969 to one that in 1973 extended its enrollment to visually impaired children and in 1974 initiated service on a non-categorical handicap basis for severely developmentally delayed children, 0-4/5 years of age.

The Law (Amendment to M.S. 1965, Section 120.17, Subdivision I):
Preschool Handicapped

"Every school district and unorganized territory may provide special instruction and services for handicapped children who have not attained school age" (N.B. Age four, all disabilities, as of Aug 15, 1977)

Historical Perspective

In 1967, in response to the rubella epidemic of 1964-65, the Minnesota legislature appropriated the sum of $120,000 for the biennium which would permit a local school district to provide a public school sponsored program for a preschool hearing impaired (deaf or hard of hearing) child and his parents. The line item appropriation was limited specifically to hearing impaired preschool children at that time.

The authorization included 1/2 unit of foundation aid and 60% reimbursement of salaries of essential personnel, supplies and equipment as for handicapped children of school age. In 1971, the appropriation was extended to include children with any disability identified in state statutes, and added to the general education budget. "Early intervention is cost effective," the evidence revealed.

In 1968, the State Board of Education approved the *Educational Guidelines, A Family Oriented Preschool Program for Hearing Impaired Children in Minnesota* which represented the efforts of a consortium of representatives from major consumer, provider agencies and teacher training institutions relating actively to deafness. The State Department of Education hosted the meetings and Winifred Northcott, then State Consultant for the Deaf and Hard of Hearing, served as Chairman.

In September of 1968, the Minneapolis Public Schools initiated a special regional program for hearing impaired children under age four, the age of mandatory school district responsibility in Minnesota. Using Title VI-B funds, two classrooms at Whittier School were remodelled to constitute a home living center (two efficiency living room-kitchen combinations). Eighty-six families with hearing impaired children (0-4) were enrolled in the Minneapolis program in the first year. It soon became evident that the service offered was quite limited and that additional support to families and a variety of program options were needed.

Dr. Winifred Northcott, as State Consultant for the Hearing Impaired, submitted a proposal under the newly established Handicapped Children's Early Education Program (P.L. 91-230). It was funded for a planning/operational year to: 1. implement the *State Guidelines: A Family Oriented Preschool Program for Hearing Impaired Children in Minnesota;* 2. organize support staff; 3. plan an inservice program for nursery school teachers, Minneapolis staff and parents; 4. order materials and supplies; 5. provide consultant services; 6. develop curriculum; and 7. provide evaluation services through a contract with the University of Minnesota. The Whittier Infant/Preschool Program became the laboratory or model demonstration center of the UNISTAPS Project under the direction of Jayne Nelson, Coordinator of Program for the Hearing Impaired in the Minneapolis Public Schools. The grantee is the State Department of Education. Dr. Northcott resigned her position to assume theposition as UNISTAPS Project Director, thus remaining a formal member of the Special Education Section. Thus, federal funds were meshed with preschool special education state aids according to existing parameters of eligibility for service in Minnesota in 1969, as the UNISTAPS Project's first year of existence.

During three subsequent years of operational funding, the laboratory program in the Minneapolis public schools included all preprimary hearing impaired children prior to first grade enrollment. In the fifth year of funding (1973-74) the Project expanded to serve children with hearing or vision impairment under the age of mandatory education (four years) and their families. The sixth year of funding enabled the Project staff to further expand the program, providing services to severely disabled children under mandatory school age (four/five years, depending on the child's disability) and their respective families. Each year, the Project staff has continued to work to improve existing services in the laboratory program and to develop new service components to meet the changing needs of its growing clientele.

PRESCHOOL STATE GUIDELINES

The noncategorical *State Guidelines: Preschool Educational Programs for the Handicapped in Minnesota* were approved by the State Board of Education December 9, 1974.

Original impetus for the coordinated efforts of representatives of major provider and consumer agencies and institutions was provided by the Document Development Committee convened by Commissioner of Education, Howard B. Casmey, in 1970.

The *State Guidelines* have been a major Special Education Section objective (1971-1974) under the direction of Dr. Winifred H. Northcott, with funding provided by the UNISTAPS Project (P.L. 91-230, Title VI-C, Sect. 623), Handicapped Children's Early Education Program.

The *State Guidelines* recommend

> "that children be identified in terms of their behavioral needs rather than categorical criteria of handicap (medical label). The four basic areas are communication; psychomotor; congnitive; social/adaptive". (p. 23).

Thus, the laboratory program of the Project, the Family Oriented Preschool Special Education Program of the Minneapolis Public schools, serves as a non-categorical direct service demonstration program to demonstrate the efficacy of the *State Guidelines* as they apply to severely developmentally delayed young children and their families, through an amalgamation of local, state and federal funds.

The *State Guidelines: Preschool Educational Programs for the Handicapped in Minnesota* are applicable to the families of young and severely developmentally delayed children, "whose characteristics suggest a high degree of vulnerability to later educational failure" in terms of the acquisition of skills in areas of essential life-tasks.

Major Premises (State Guidelines: Preschool)

- Preschool – the span of years beginning at birth or as soon as the diagnosis of handicapped condition has been established, until the age when mandatory school district responsibility begins (M.S. 120.17, Subd. 1) Age 4.
- The center of learning for the very young child is in his home and his parents or surrogate parents are his first natural teachers.
- The local education agency (public school) is a case finder, case manager and in many instances, coordinator of educational services in partnership with parents and the health care system.
- The multiplicity of casual factors relating to the handicapping condition(s) mandates 1. multiagency involvement (health, education, welfare) 2. a multidisciplinary team of specialists to serve the child and his parents 3. cooperation and coordination among the involved institutions by individuals responsible for major decisions concerning the child and his family.

- Young children shall be programmed for educational experience on their developmental and behavorial needs, without the necessity of medical label.
- A sustained program of parent guidance, counseling and parent education is a necessary component of a comprehensive early childhood education program.

Advisory Committee

An interagency Advisory Committee was appointed and was convened one month after notification of funding approval. Membership has remained relatively constant over the eight year period of UNISTAPS existence. It reflects support of the concept of cooperative, consultative, coordinating activities involving the mutual state and local education agency and community-based agencies in explorative planning for initiation and expansion of preschool services for handicapped children, as well as parents – the ultimate consumers.

The presence of seasoned policy-makers at meetings offered a rich learning experience for the UNISTAPS staff and in turn, generated stimulatory activities within several agencies addressing to the unmet needs of young handicapped children and their parents.

Attendance at Advisory Committee meetings ranged from 65% to 96% over the eight year period. Over time, the pattern of meetings changed from three meetings a year until 1972, to semi-annual meetings thereafter as the system at the state and local level (laboratory) became increasingly capable of self-monitoring in many areas of operation.

UNISTAPS
Advisory Committee:
Agency and Institutional Representation
Chairman: Winifred H. Northcott
Co-Chairman: Kathleen C. McNellis

Department of Public Welfare
- Director, Rehabilitative Services
- Licensing Consultant
- Director, Community Programs

Department of Education
- Consultant, Early Childhood Education, Division of Instruction

Higher Education
- Associate Professor, School of Education: Early Childhood
- Professor and Director, Center for Early Education and Development, University of Minnesota
- Associate Director, Center: Early Education and Development, University of Minnesota
- Professor, Speech/Otolaryngology, University of Minnesota

Department of Health: Local/State
- Assistant Director, Health Services
- Director, Crippled Children Services

Higher Education Coordinating Commission
- Consultant, Early Childhood Education

State Planning Agency (Development Disability Council)
- Executive Director

Public School Programs
- Director, St. Paul Public Schools, Preschool Special Education Program
- Assistant Director, Special Schools, Minneapolis Public Schools

Governor's Office of Economic Opportunity
- Psychologist, OCD/BEH Project

School Administrators
- Special Education Regional Consultant
- Director of Special Education: Rural

Parents
- 7 families

Lay Community/Agencies
- Director, Curative Services, Minnesota Society for Crippled Children and Adults
- Training Coordinator, East Metro Day Activity Center
- Executive Director, United Cerebral Palsy

Ex Officio Members
- Assistant Director, Special Education
- Special Education, Disability Consultants

1969-1977: AN OVERVIEW

EARLY PHASES

1969-70 Hearing
1973-34 Vision

1973 Head Start (OCD-BEH Collaborative Project)

1973-74 Noncategorical parent program: low incidence handicaps

1974 – Noncategorical program (Mpls. P.S. [lab]) severely disabled children, 0-4/5 years

OPERATIONAL

EVOLUTION

1970 . . . Hearing
- University coursework
- Conferences: statewide parents; professional staff
- Workshops: deaf blind
- Inservice training: Minneapolis staff
- Inservice: staff of private nursery schools; day care centers; Head Start

1973 . . . Vision
- Inservice training, Minneapolis staff
- Reading lists
- Demonstration teaching
- Parent Program (individual)
- Group Parent: noncategorical (low incidence handicaps)

West Metropolitan (District # 287) Regional Vision Services

TRANSITIONAL STAGES

OUTREACH

Speech, hearing, language: 1971 . . .
- 1973 OCD/BEH Collaborative Project (Head Start)
  - State Advisory Committee
  - Pilot projects (Head Start and LEA)
- Host, site visitors
- Inservice training, site visitation: nursery schools

State Guidelines: Preschool Handicapped, 1974.

Noncategorical programming, 1974 . . .
- P.S. Administrators; teacher educators; staff, preschool prog.
  - workshops
  - miniconferences
  - special study institutes
  - university/state college coursework
  - lectures

Slide/tape: state/laboratory
- Conference/convention presentations (National; state)
- Journal articles (1969-1977 = 19)
- Monograph chapters (5)
- Consultant services (state; other state; national)
- Co-sponsor: University of Minnesota Early Childhood Conferences
- Curriculum Guide (0-3): hearing impaired
- Book: hearing Impaired Child in regular Classroom: Preschool, Elementary, and Secondary years

TRANSFERRAL

SERVICES TO UNIVERSITY STUDENTS

The training of preservice students is not a stated priority of "First Chance" Projects. However, during the eight years of operation, the laboratory program of the UNISTAPS Project has offered practicum placements for a limited number of University of Minnesota students. They represented the disciplines of child psychology, early childhood education, special education, audiology, nursing, community health and social work. The emphasis on programming of enrolled children by their behavioral and developmental delays rather than medical label (deaf, blind, retarded, etc.) and the opportunity to observe a multidisciplinary team in action provided a new learning experience and insight for many of the students.

MAJOR STRENGTHS AND WEAKNESSES:

Certain significant strengths of the Project became clearer each year of program development. Activities by the State Department of Education, Spcial Education Section staff (stimulatory, and to some extent participatory) contributed to 1. the initiation and expansion of preschool direct service public school programs for the handicapped in Minnesota, including 20 Title VI-B funded projects: 2. formal action by two state universities in the initiation of early education: special education graduate programs; and 3. inter- and intra-agency initiated examination of screening and child identification procedures and licensure/certification in the areas of special education and early childhood education.

There is growing acceptance among Minnesota directors of special education in public schools of the premise that parents are partners with a multidisciplinary team required to serve the preschool handicapped child and his family. Together, they can design and implement a realistic and useful family oriented preschool program based on a developmental profile of each child's daily functioning in essential life skill areas. It is hoped that no program for handicapped preschool children will be implemented without support to parents in two major domains:

1. *affective:* giving emotional re-direction to parents by helping them to express attitudes and feelings of having a handicapped child in the family through provision of individual and small group counselling sessions.
2. *instructional:* individual and group parent education and guidance which will offer information on normal child growth and development, including ways in which a stimulating learning environment can be offered within the home.

For children from birth to around the age of three, the focus is on a family-oriented, home-centered program with parents and staff meeting once a week for individual parent-teaching sessions and a smorgasbord of group meetings available for parents as supplement. The objective is transfer of skills from staff to the adult members of a young child's family which will enable them to function as active educational change agents in the development of the child's full potential.

A slide/tape: "Is that REALLY our Job?" which describes the challenge and charge to the local school district of a young handicapped child's residence and the components of a comprehensive family-oriented program, was jointly developed by the University of Minnesota and UNISTAPS Project staff. It has been presented to major and minor consumer/provider/advocate groups during the past two years. It has contributed significantly to a clearer understanding of the premises and dimensions of educational support which must be offered by the public schools of Minnesota in the future, although such services are permissive and not mandatory at the present time. Cost effectiveness alone is justification for such action.

It should be noted that the same "missing links" noted in earlier years for the hearing impaired preschool population are deficits in the present system of screening, detection, diagnosis and referral for public school special education intervention across disabilities. There is still the critical need for establishment of a statewide program of screening of infants judged to be "at risk" or "high risk" for identification of characteristics which suggest a high degree of vulnerability to later educational failure. A central registry and uniform data collection system and new program funding sources are also required.

Within the Minnesota Department of Education, there is no formal or mandated coordination of activities among the preschool consultants in various divisions whose access to funding sources and authority to order program priorities include the infant/preschool population. Fragmentization of leadership makes it difficult to muster a coordinated response to major pending legislation, both state and federal. It can lead to manipulation of selected information, unilaterally offered by a single individual without awareness of guidelines, standards or regulations developed in another division.

The lack of any legal basis for mandating public school service to preschool handicapped children automatically places the initiation of these programs in the "fringe benefit" category in terms of school district priorities. The prognosis for improved and expanded programs and services for the birth to four population will be determined in large part by the child advocacy coalitions focusing on the education of exceptional children. Will satisfied parents who were enrolled in family-oriented preschool programs in past years insist on a "piece of the action" when priorities are determined?

Closure of BEH Funding

"Seed money" from the Handicapped Children's Early Education Program—a significant amount in the aggregate—fell on increasingly fertile soil in Minnesota.

Currently, permissive preschool programs (0-4) are nurtured by generous state aids (1/2 unit foundation aid; transportation, supplies/equipment and special education aid: 60% of salary with maximum aid of $11,500 and 5% of total salaries. Districts must make annual application for prior approval to the Special Education Section, Minnesota Department of Education. If a district is to provide the service via contractual agreement with a private, public or volunteer agency other than a Minnesota public school, the *State Guidelines: Preschool* provide the contract must be submitted for approval.

The Family Oriented Special Education Preschool Program in the Minneapolis Public Schools (UNISTAPS laboratory program) is now an integral component of the district's special education services with an expanded budget generated from local and state funds.

Preschool Incentive Grant Funds (Section 619) from P.L. 94-142 will be utilized to assure continuing state leadership

through funding of the position of Consultant, Early Childhood Education for the Handicapped, previously included in the UNISTAPS budget, and additional regional early childhood education consultant positions. The position of Interagency Coordinator: Child Identification will be continued through an alternate federal funding source.

The *State Guidelines: Preschool Educational Programs for the Handicapped in Minnesota,* a major UNISTAPS Project objective from 1971-1974, were approved by the State Board of Education in December, 1974.

Upon receiving validation status (September, 1975) the national dissemination activities involving all project staff in replication of the Minneapolis laboratory program and technical assistance as requested by a State Department of Education, conflicted increasingly with the first priority of the Minnesota Department of Education; namely, participation in leadership activities which benefit young handicapped children and the families who reside in Minnesota. Thus, the Project Director initiated discussion with the Director and Assistant Director of Special Education which resulted in a decision not to request renewal of grant funding to continue the validated Project for 1977-1978. The Advisory Committee voted its unanimous concurrence with the State Department rationale in formal motion at its meeting in November, 1976. Recognition was also given to the significant contributions made by each member of the UNISTAPS staff, the Evaluation Coordinator, Advisory Committee members and the administrative support team at the state and local levels. Truly, "the whole is greater than the sum of its parts" takes on respectful meaning far beyond the empty cliché in terms of expanded and improved services to the children and families enrolled and catalytic efforts to raise community and school district awareness throughout Minnesota of the urgent need for early educational intervention which is family-oriented. Evidence of the breadth and scope of activities generated through U.S. Office of Education, Bureau of Education for the Handicapped support, in part, is scattered throughout this Report.

RESEARCH EVIDENCE: LEAST RESTRICTIVE ALTERNATIVE (Hearing Impaired)

This includes published research studies (3) in major professional journals. The findings indicate that the audiological term "deaf" is unsuitable when applied to preschool children, many of whom may become partially hearing through suitable training in the development of listening skills. Given an intact central nervous system, a significant percentage of "graduates" of the laboratory program with severe and profound hearing losses have received their education in later years in regular classrooms with academic tutor and speech pathologist, necessary support specialists, providing service during the regular school day.

Longitudinal and cross-sectional data, 1972-1975, on children with severe and profound hearing losses who are integrated in regular classes, is significant. Forty-four percent of the 52 hearing impaired children entering the Minneapolis program in 1969 were, as of Fall, 1974, in fully integrated programs (in classrooms serving nonhandicapped children). Another 6 percent were partially integrated. Of the 138 children leaving the program from 1968 to 1974, for whom deafness was a primary disability, 29 percent of the children were in fully integrated programs in 1974. Nine percent were in partially integrated programs and 37 percent were in self-contained programs (20 percent in aural-oral classes and 17 percent in total communication classes).

To illustrate the assimilation of hearing impaired children into regular classes in Grades 3, 4, and 5, longitudinal data* was collected (1972-1974) on the social status of 11 hearing impaired children integrated in regular classes in separate elementary schools, as well as supporting evidence from direct behavioral observation and achievement skills data. The sample was comprised of seven girls and four boys. Ten of the children had sensory-neural hearing loss at birth, and one child had loss before 14 months of age. The range was from 75-110 db, pure tone average. All of the hearing impaired children had received preschool training with their parents in the Minneapolis Public Schools Family Oriented Infant/Preschool Program for Hearing Impaired Children. At the time of observation, all of the children were full-time hearing aid users; all were receiving one hour of supplementary academic tutoring per day; and all were receiving 20 minutes of speech therapy two or three times per week. None of the randomly selected nonhandicapped classmates were receiving supplementary education assistance.

Sociometric data from a forced choice peer acceptance scale, the Moreno peer nominations scale and socio-empathy scale, indicated hearing impaired children declined in social status over a three-year period. The social acceptance data indicated neither a significant advantage nor disadvantage existed in social status. Mutual choice data indicated hearing impaired children were chosen significantly more often in the first grade, but no significant differences were found in subsequent years.

Cross-sectional data, based on the *Pupil Observation Schedule* indicated that the overall quality of behavioral interactions of these hearing impaired children was no different from that of their normal hearing classmates as far as positive/negative and verbal/nonverbal behavior directed to teachers, peers, and total classroom groups was concerned. However, hearing impaired children interacted positively and verbally to a significantly greater degree with teachers than did nonhandicapped classmates, while hearing classmates interacted positively and verbally to a significantly greater degree with peers.

Results of the language and achievement tests administered (*Woodcock Word Recognition; Peabody Individual Achievement Tests; Metropolitan Achievement Test:* Word Knowledge subtest) and of the *Key Math* achievement test, indicated no significant differences between the two groups except for the MAT word knowledge measure, where normally hearing children scored significantly higher.

*Kennedy, P., Northcott, W., McCauley, R. and Bruininks, R., 1976, Results of longitudinal and cross-sectional data on hearing impaired children in regular classes: elementary school years. Implications for infant/preschool programming. Volta Review, 78, 71-82.

REFERENCES

1. Kennedy, P. and R. H. Bruininks. 1974. Social status of hearing impaired children in regular classrooms. *Exceptional Children*, 40, 336-342.

2. McCauley, R. W., R. H. Bruininks and P. Kennedy. 1976. Behavioral interactions of hearing impared children in regular classrooms. *Journal of Special Education*, 10, 227-284.

3. Kennedy, P., W. Northcott, R. McCauley, and S. W. Williams. 1976. Longitudinal sociometric and cross-sectional data on mainstreaming hearing impaired children: implications for preschool programming. *Volta Review*, 78 71-82.

INTERAGENCY COORDINATION: EARLY IDENTIFICATION

Kathleen McNellis

I. BACKGROUND

During the last two and one-half years of the UNISTAPS Project, an Interagency Coordinator was added to the project staff at the State Department of Education. The goal defined for this component of the project was:

> *"The ultimate three-year goal is the development of an information system and information exchange among state and local agencies regarding the role and function of participating agencies in early assessment, diagnosis, and responsibility for educational services for preschool handicapped children, 0-4/5 years." (p. 12–project proposal).*

The major objectives under this goal were to "examine the interlock between public school and community services in state and regional health care, welfare and mental health agencies, through exploratory conferences and site visits to preschool programs; and "to develop an information system and information exchange among state and local agencies."

Since the planning and implementation of new educational programs for preschool handicapped children involves major state agencies and Special Education personnel at the state, regional, and local level, the first and most necessary step was to establish a rudimentary information exchange between major state and local agencies and directors of programs serving young handicapped children.

During the first six months of the interagency coordination effort, contacts were made with forty-two different agencies at the state and regional level. Sections or divisions within these agencies which also needed to be a part of the communication network ran as high as thirteen (state Department of Welfare). The early information sharing ranged from telephone and mail contacts to workshop participation and advisory committees.

In May, 1975, a Special Study Institute on Interagency Coordination included 109 participants – parents, service providers, policy-makers, trainers and administrators from state and local agencies. The objectives for this institute were to:

1) identify relationships, overlaps, lags, and obvious lacks in programming relative to the communication and coordination necessary to address these needs;
2) identify key people and decision points within agencies and programs as resource specialists and information checkpoints;
3) determine first steps in establishing a formal communication network among agencies and programs; and
4) recognize possibilities for informal communication network among individuals within agencies and programs.

Strategy:

In planning SSI – Involve key people in major public and private community agencies and organizations (including consumer groups) to guarantee presentation of accurate information as well as some commitment by the agencies (or people) in their role and functions in early assessment and diagnosis of preschool handicapped children.

Institute participants expressed strong concern for – and varying degrees of commitment to – the goal of communication—coordination—cooperation. However, the scope of the problem was almost overwhelming and many of the identified barriers seemingly insurmountable. Even with a plethora of programs in some areas, parents told of being shunted from place to place before getting appropriate services for their children. Both duplication and gaps in service seemed to result from a multiplicity of funding sources with difference criteria, accountability, and reporting systems. There seemed to be no data banks which could be combined or correlated across program and agency lines. We saw defensiveness, turf-guarding, and preoccupied administrators who could spare only enough time for their own presentations.

At the close of the Special Study Institute on Interagency Coordination, a concerned handful of participants volunteered to meet again to consider some first steps that could be taken. It was through this small group and several similar sub-committees that plans were made to "eat the elephant a bite at a time." It would be nice to say at this time that the job was done, but there is still a way to go.

II. FIRST YEAR EFFORTS

During the first year of the interagency effort, a major focus was the coordination of existing screening programs for preschool children. Nearly all of the 443 school districts in Minnesota were providing some kind of "kindergarten round-up" which usually included at least a health history completed by the parent and hearing and vision screening. Some schools required a physician physical prior to kindergarten entrance, and some were doing a complete developmental screening. Some districts were involving local health care providers and/or community volunteers in screening. School personnel involved with screening most often included school nurses and/or special education staff, and it was these staff members who usually assumed the responsibility for outreach, coordination, and follow-up for indicated needs.

In 1975, the EPSDT screening program was just beginning in Minnesota. An interagency contract between the State Departments of Health and Welfare required an interagency advisory committee, and the UNISTAPS coordinate was appointed to that advisory committee. After considerable urging for coordination with education (and mention of the possibilities for outreach through school census records, etc.), the UNISTAPS coordinator was appointed to chair a sub-committee of the interagency advisory committee to explore the possibilities for coordination.

Preliminary meetings with State Department of Education personnel and sessions presented at Special Education Directors' Workshops resulted in:

a) Arrangements through the Migrant Education office to screen approximately 2,400 migrant children through EPSDT approved clinics during the summer. Screening results and referral recommendations are recorded in a national computer system (with parent approval) to follow the families when they leave Minnesota in the fall.
b) On the basis of need and potential for coordination, three out-state regions were selected for a cooperative screening effort (with input from State EPSDT coordinators, State Head Start, and Minneapolis Screening Project).

The UNISTAPS coordinator and the EPSDT coordinators from the State Department of Health and Welfare offered consultation and support to the out-state regions through a number of interagency meetings at the regional level. The results were at first exciting but increasingly disappointing as local funding problems, agency politics, and physician opposition slowed progress and dimmed enthusiasm. It was the second year of these efforts before a coordinated model of health and educational screening was really visible.

The UNISTAPS coordinator assisted in the redrafting of an earlier unsuccessful bill calling for the assessment of all school children "no later than the end of the kindergarten year." The original bill, with a suggested appropriation of $300,000, would have provided a school readiness assessment. The new bill called for a coordinated effort between health, education, and welfare to provide "health and developmental screening" before age four (Minnesota's Special Education mandate begins at age four). The bill passed through the Health, Welfare, and Education committies of both House and Senate too late to go to a finance committee. However, the cooperation between the State Departments of Health and Education around the screening efforts led to a formal Memorandum of Understanding for a steering committee at the Deputy Commissioner level. This steering committee directed the UNISTAPS coordinator and EPSDT coordinator to continue to develop support for such legislation in the next legislative session.

In addition to the major efforts to coordinate screening programs during the first year, there was an ongoing exchange of information and some joint planning with the state Head Start Mediator Team, the Higher Education Coordinating Board's Early Childhood Project, the State Planning Agency's Interagency Committee for Early Childhood, Crippled Children's Services, School Nursing Association, Developmental Disabilities, and many consumer and advocate groups.

III. SECOND YEAR

During the second year of the interagency effort, the impact of new federal legislation (94-142) and a new Minnesota statute (211) and regulations gave momentum to all efforts for early identification. At the national, state, regional, and local level, Child Find became a real expectation. With varying degrees of commitment, administrators began to look for ways of identifying younger children. School districts in Minnesota, like those in many other states, faced declining enrollments, rising costs, and increasing demands. Although the 1976 Minnesota Legislature increased the Special Education appropriation, they also extended the four-year-old mandate to cover some handicaps not previously included until age 5 (EMR, TMR, SLBP) and mandated special education and support services to non-public school students. With the confidentiality requirements of 94-142 and Minnesota's Data Privacy Act, local agencies saw further problems in coordinating the screening, referral, and assessment of potentially handicapped children. However, some of the efforts of the previous year began to come together:

1. There were now models of coordinated screening efforts in several areas.
2. The diagnostic clinics which had long been operated by Crippled Children's Services were increasingly coordinated with school screening.
3. The state Head Start effort had forged linkages with schools, and there were team staffing models for four-year-old handicapped children in some regions.
4. The Child Study System required by the State Department of Education was now operational in many districts.
5. The State Department of Health was using Title V health monies to provide a sliding fee for screening non-Title XIX eligible children through EPSDT approved clinics, making coordination more attractive.
6. Consumer and advocate groups, early childhood professionals, teacher training institutions, and many others who needed to be a part of the communication/coordination were now looking at early identification of special needs.

It was during the second year that Minnesota's new Governor Perpich made the Early Health and Developmental Screening Bill a part of his legislative package. With emergency rules to be written over the summer, the screening will be implemented during the '77-'78 school year. Local school districts will be responsible for administration and follow-up. Health department standards for EPSDT will be considered in the development of procedures.

As a part of the total early identification effort, consumer organizations and education agencies have cooperated in media development and campaigns, establishment or strengthening of referral systems, and joint advocacy for young handicapped children.

IV. CONTINUING NEEDS

A. State agencies must take the lead in eliminating turf-guarding, bureaucratic bungling, and duplicated reporting systems and paper work.

B. There is a great need for a cooperative, unified system for collecting information about young children who are at risk, and it should cross agency lines.

C. There must be guidelines developed for all local agencies which will assist in the collecting, sharing, storage,

and destruction of personally-identifiable information. Agency personnel are not sure what information they may share, under what circumstances; and much usable information has been wiped out of records because of a lack of understanding of the legal requirements.

D. Both federal and state agencies need to assist local schools and agencies in sorting out the competing mandates which cause difficulty – i.e., Head Start mandate to include 10 percent handicapped, vs. school mandate to serve four-year-old handicapped, vs. Day Activity Centers; EPSDT, CHAP, Family Planning Clinics, and other health programs with competing directives.

E. Training programs need to examine the preparation of professionals to determine how the increasingly specialized curriculum might be broadened to promote dialogue and understanding across professional fields.

F. Each of us, as individuals, must begin to take some risks in our efforts to pull things together so that we may do more good for more children.

Family Oriented
SPECIAL EDUCATION
PRESCHOOL PROGRAM

Minneapolis Public Schools
830 2nd Street Northeast
Minneapolis, Minnesota 55413

CHILD DATA BY YEAR
(Classification by primary developmental delay)

Year	*Number of Children Served	**Number of Children Assessed Only	Total Number	PRIMARY DEVELOPMENTAL DELAY: Communication Skills (Receptive/ Expressive)	Perceptual-Motor Skills	Cognitive Skills	Social/Affective Skills
1974-1975	60	1	61	42	15	3	1
1975-1976	80	1	81	45	14	8	14
1976-1977 (as of 4-21-77)	107	9	116	59	13	25	19

*Assessment and service delivery.

**Children were assessed for consultation purposes only or were found to be ineligible for service delivery. In the instance of the latter, which occurred infrequently, staff assisted the family in finding a more appropriate program. Average staff time spent per child/family for assessment only was eight hours, minimum time being four hours.

CHILD DATA BY YEAR
(Classification by medical label/diagnosis)

Year	*Number of Children Served	**Number of Children Assessed Only	***PRIMARY DISABILITY: Total	DD	ED	HI	Lang. D	MR	OHI	PMR	VI	MH
1974-1975	60	1	61	1	1	34	6	2	2	8	7	17
1975-1976	80	1	81	8	14	26	16	3	0	9	5	28
1976-1977 (as of 4-21-77)	107	9	116	23	19	26	31	2	2	9	4	40

*Assessment and service delivery. Children enrolled, 1969-1974 (hearing impaired; vision) – see p. 33.

**Children were assessed for consultation purposes only or were found to be ineligible for service delivery. In the instance of the latter, which occurred infrequently, staff assisted the family in finding a more appropriate program. Average staff time spent per child/family for assessment only was eight hours, minimum time being four hours.

***Primary Disability Code

DD = Developmental Delay
ED = Emotional/Social Dysfunction
HI = Hearing Impairment
Lang. D = Language Delay
MR = Mental Retardation
OHI = Other Health Impaired
PMR = Psychomotor Retardation
VI = Vision Impairment
MH = Multiply Handicapped

PLACEMENT OF CHILDREN LEAVING THE PROGRAM (N.B.)*

Year	Number Leaving Because of Age	**Number Leaving – Other Reasons	RECEIVING SETTING: Regular Classroom/Setting	RECEIVING SETTING: Self-Contained Classroom/Setting
1974-1975	21	7	8	13
1975-1976	14	6	4	10
1976-1977 (as of 4-21-77)	7	20	2	5
***Anticipated 4-77 to 6-77	23		14	9

*N.B. Children enrolled/leaving program, 1969-1974. See p. 31, Table IV.

**These children left the program because of family circumstances or because the child became ineligible for program services and more appropriate programming could be obtained elsewhere. These children are not included in the columns entitled, "Receiving Service."

***These figures and anticipated placements are only estimates. Staff are currently re-assessing transferring children and exploring and conferencing with possible receiving setting personnel.

MULTIDISCIPLINARY TEAMING

Lou C. Erickson

Since the program has expanded services to all handicapped preschoolers, with a resultant expansion of discipline representation, an effort has been made to utilize more professionals in the assessment, planning, and staffing of all children enrolled in the program. This year there has been a significant increase in staff utilization across the board, as indicated by the figures below. A probable explanation for this increase in staff utilization is that staff members are more familiar and comfortable with the expertise of each other, and are able to add to the child's programming by involving other staff. Two other variables are probably factors, also, in the increase in the interdisciplinary approach: (1) an effort to program non-categorically; and (2) the changed needs of the population served from 1974-1975 to 1975-1976.

During 1974-1975, six visually impaired children were served by one teacher; twenty-two hearing impaired children were served by three staff (teacher, social worker, child developmentalist); and nine children representing all handicaps except vision impairment were served by four or more staff.

During 1975-1976 no children were served by only one staff member; nine children representing all handicaps were served by two staff, the professional area varying; sixteen children representing all handicaps were served by three staff representing a variety of disciplines; and fifty-six children were served by four or more staff representing a variety of disciplines.

During 1976-1977, all children were served by the multidisciplinary team. The team were involved in the assessment process, after which process it was determined which staff were appropriate for continuing involvement in the child's/family's programming. The appropriate staff were involved directly or indirectly, and other team members were brought in as the need arose.

Although multidisciplinary teaming is not a skill that is learned overnight but rather is one that requires long-term persistence, the benefit to children and families from teaming utilization was obvious to staff and the experience in general has been a positive one.

RECORD KEEPING

Lou C. Erickson

Maintaining records in a consistent manner is an effective and efficient way of management and control, both administratively and programmatically. Forms that are used are those required by the Minneapolis school system and those developed by staff. As the Program has expanded in terms of numbers of children/families served, the need for the use of consistent record keeping has also increased.

The forms* listed below pertain to child and family programming, assessment, consultation, referral, contracts, and evaluation.

Child/Family History
Contract – family
– community agency
Pupil Health History
Release of Information
Permission Form
Communication Form
Evaluation – family programming
– inservice
– consultation services
– staff performance
Consultation Request
Visitor Evaluation
Behavioral Objectives
Case Management
Formal Assessment
Reports to other agencies
Payroll cards
Requests for absence

Other records that are kept pertain to staff meeting minutes; dissemination and conference reports; a guest book for visitors; communication flowing in and out of the setting; requests for information, visitation and employment; records from community agencies; assessment observations; contracts with families, agencies; standardized/required procedures; and role descriptions.

PHYSICAL FACILITY

Lou C. Erickson

The Laboratory Program is currently housed in a portion of a former parochial high school, where other special education programs are also located.

Five and one-half rooms are rented for Preschool programming, the "half room" being shared with another program for parent programming. Four of the rooms are located in one wing of the building, whereas the fifth and sixth rooms are located in another part of the building on a different level.

The four rooms are all similar in that they are large with areas separated by Rosemont partitions. They are utilized as follows:

Room 1: larger area (25'5" x 11') – This area is used as the secretarial office and for storage of office supplies.

Three smaller areas (15'11" x 8'3" each) – One area is the office for the program coordinator, another houses four staff, and the third houses three staff members.

Room 2: larger area (25'5" x 17'1") – This area is used both for assessment and for programming, and it contains the gross motor equipment.

Two smaller areas (12'10" x 11'9") – Both of these areas can be used for individual or small group work, particularly in the fine motor and language assessment and programming areas.

Only the larger area or one of the two smaller areas can be utilized at one point in time because of the accoustical problems.

Room 3: larger area (25'5" x 11') – This area is used for staff meetings and small conferences, and it contains furniture conducive to a home living environment.

Three smaller areas (15'11" x 8'3") – One area is a fully equipped kitchen and is used for experiential instructional activities.

The second area is used for individual instruction and video-taping.

An office for three staff comprises the third area.

Room 4: larger area (27'5" x 18'5") – This room houses three nurseries at different times, and is equipped with a magnetic industrial loop system and one-way mirrors. When the nursery is not is use, the room is used for individual instruction.

Smaller area (27'5" x 7') – This area provides office space for the aides and storage space for the supplies.

Room 5: larger area (30' x 23'7") – The children's therapeutic nursery is housed in this area. Small group instruction or individual instruction can also occur when the nursery is not in session.

Smaller area (39'3" x 5'7") – This space is used for storage, and is also a hallway for entrance into the larger room.

The sixth room has the same dimensions as Room 5, and the space is used for parent/family meetings and inservices.

The area of the building that contains the four main rooms is on the ground level and is accessible from the street by a side door. The other area of the building where the fifth and sixth rooms are located is accessible by the back door and requires climbing a few steps. This area is considered to be the main floor and not a second story.

Bathroom facilities are located on both levels of the building near the areas of service. Drinking fountains are also similarly located.

*Included in: Northcott, W.H. (ed) Curriculum Guide: Hearing Impaired Children – Birth to Three – and their Parents. Alexander Graham Bell Assn. for the Deaf, 3417 Volta Place, N.W., Wash., D.C., 20007. 1977 (Rev. ed) $8.50, 291 pages.

THE STRUCTURE OF THE SERVICE DELIVERY SYSTEM

The Family Oriented Special Education Preschool Program, 0-4/5
Minneapolis Public Schools
(UNISTAPS Laboratory)

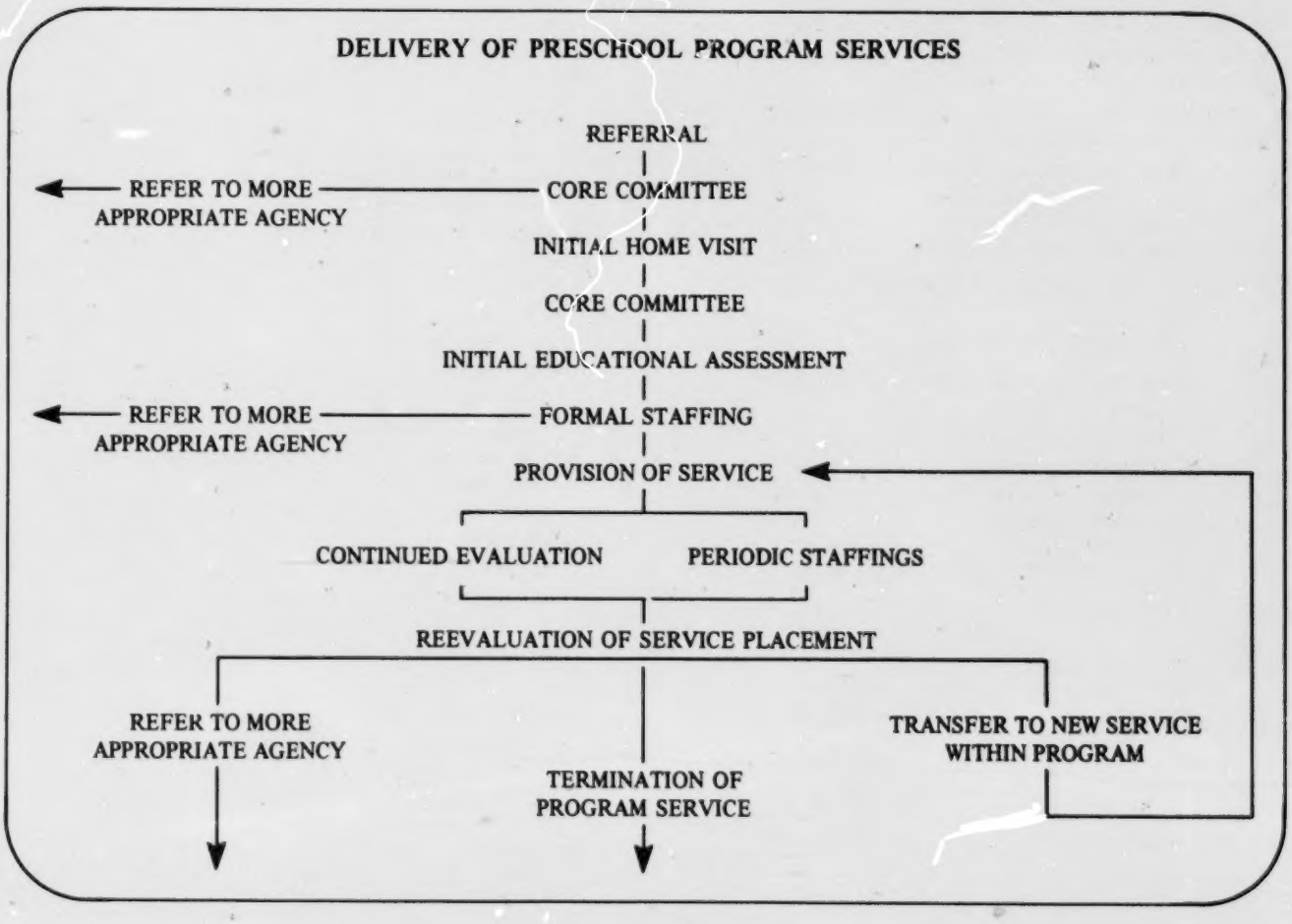
Lou C. Erickson

The laboratory program, known as the Family Oriented Special Education Preschool Program, serves as one model of implementation of the *State Guidelines: Preschool Educational Programs for the Handicapped in Minnesota* and as a prototype in early educational intervention programs for severely handicapped children. Since the local education agency (public school) is deemed to be the most likely agency to serve as the coordinator of services to preschool age handicapped children, this vital component of the UNISTAPS Project has been placed under the direction and development of a public school system. Independent School District #1 (Minneapolis) has served as the host district for each of the eight years of the program.

The laboratory program is based on the premise that a child's parents are his first and natural informal teachers. Thus, parents are the first learners in the Preschool Program. Staff members help parents view their child in terms of normal developmental expectations (cognitive, motor, social-emotional and linguistic) for each chronological age.

The focus of the program is to provide each child and his family with an individually prescribed educational program so that child and family may experience maximum achievement. The long-range goal is to enable the child to succeed in the least restrictive educational alternative when he reaches mandatory school age. Program aims include:

- Comprehensive evaluation of each child and development of an individualized program based on identified needs.



- Strengthened parent-child relationships.
- Community awareness of resources for the handicapped child.
- Incorporation of program principles and practices into university teacher training programs through course work and practicums.

Eligibility is restricted to severely handicapped preschoolers, 0-4/5 years of age who have a disability which is handicapping educationally and/or developmentally, and who are residents of Minneapolis School District #1. Exceptions: hearing impaired preschoolers from the West Metropolitan area including Minneapolis; preschoolers with all other handicaps from other districts on an individual basis.

During the last three years of operation of the Laboratory Program, a process and structure for delivery of service has emerged.

Team Action

Assumptions: All children enrolled in the Special Education Preschool Program are assessed by the multidisciplinary team. Programming for each child enrolled reflects concern for each of the major areas of child development, not only the area of primary skill deficit (e.g., communication: receptive and expressive).

Although individual staff members each offer specific sets of competencies, no one staff member is held accountable for the specific expertise of another. However, each staff member is accountable for participation in ongoing team assessment so that attention is given to the total child.

Teaming is recognized as a process which requires learning and practice and does not occur smoothly overnight. In addition to open and ongoing communication among team members, a multidisciplinary team approach to assessment requires a responsibility to understand the perceptions and professional vocabulary of other team members in order to enhance learning opportunities for young children and their families.

Team Membership

Program coordinator	(1.0)
Social worker	(1.0)
Family education advisor	(0.6)
Family advisor/teachers	(5.0)
Speech and language clinician	(1.0)
Occupational therapist	(0.6)
Physical therapist	(0.8)
Aides	(0.8)
Secretary	(1.0)

Responsibilities: Case Manager

Team members are responsible for:

- Assessment, assessment conferencing and providing the case manager with assessment reports.
- Assisting the case manager in the development of the individually prescriptive educational plan and in the development and implementation of individual objectives in major developmental areas.
- Assisting the case manager with monitoring and evaluating the program.
- Participating in major decisions concerning the child/family.
- Keeping the program coordinator informed of the time schedule in the team process relating to child/family.

A case manager is the staff member who is in the most appropriate position to have major responsibility for coordinating child/family programming. This individual has primary responsibility for maintaining communication regarding the child and his family, with the family, multidisciplinary team, community agencies involved directly with the child/family, and public school personnel. This is done by means of case conferences, written reports, and staffings.

The case manager is responsible for coordinating team efforts:

- In utilizing team input for the development of an individualized educational program for the child/family on the basis of assessment results; establishing individual objectives; monitoring the programming and evaluating the progress noted.
- By consulting with the team and maintaining communication on an ongoing basis.
- By assuring that decisions concerning the child/family are made with team input.
- By eliciting and receiving ongoing feedback from the team concerning: family progress, concerns, modifications in programming.
- By keeping the team continually informed about the child/family.

In addition, the case manager is responsible for maintaining the special education file, informing the program coordinator on progress in team action relating to the child/family, and for tasks outlined in the evaluation design.

MAJOR PROGRAM COMPONENTS

Lou C. Erickson

The Preschool Program attempts to involve the whole family in the education of the young handicapped child. It is committed to the principle that: 1. parents are the child's first and most natural teachers; 2. the home is the most appropriate learning environment; and 3. daily activities are the most vital sources of language stimulation and learning experiences for young children. Thus, for infants and toddlers, the program is primarily parent-oriented and home-centered. The dual focus is on educational management of the child according to his behavioral and developmental needs, and support to parents in a continuing program of counseling, guidance and parent education.

Individual Parent/Child Teaching Sessions

All hearing impaired children and the majority of children with other handicapping conditions participate in the Individual Parent/Child Teaching Session once a week, if one of the following conditions exists:

- The child is under the minimum age for attending a regular nursery program.
- The child is under the minimum age for attending a special nursery program.
- An appropriate peer program is not available for the child in the community.

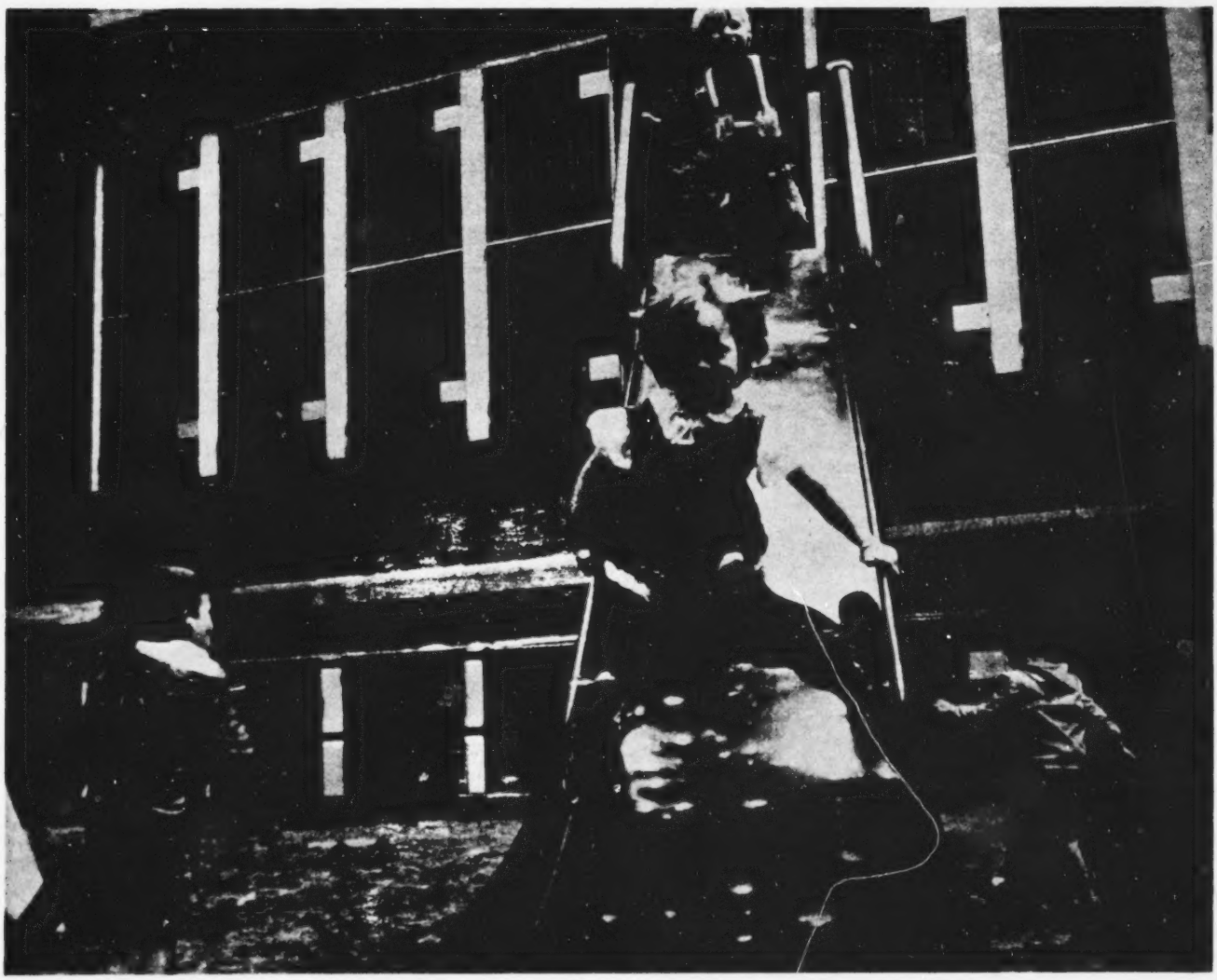
- The child needs intensive tutorial sessions (supplement to group educational program – center or community based).

The weekly Parent/Child Teaching Sessions are scheduled on a weekly basis either in the home living center or in the child's home. The purpose of these sessions is to enable the family to learn to use its own home setting as a natural learning environment for application of principles illustrated in the teaching sessions by means of child-centered activities.

After the initial assessment has been completed, parents and multidisciplinary team members work together to develop appropriate behavioral objectives for the child and to determine what techniques should be used in implementing the educational program. Together, they also evaluate the child's progress toward achieving these goals, making adjustments in the instructional program content as needed.

Since the parent is viewed as being the child's first and most natural teacher, the Parent Adviser/Teacher functions in the capacity of "lead teacher" during the sessions, assisting the parent in becoming the child's primary teacher and gradually assuming the role of observer/prompter/facilitator of parent progress in direct interaction with his/her child.

Initially, the Parent Advisor/Teacher demonstrates a specific activity or instructional technique related to the child's normal daily life. Gradually, the parent assumes teaching responsibility and gains confidence in daily child management. A portion of the visit is devoted to an exchange of information between parents and staff regarding observed changes in the child's behaviors, family interactions, and concerns regarding the child's handicapping condition or other related problems.



Nursery School Placement

Enrollment in an integrated (handicapped/nonhandicapped) neighborhood nursery school/day care center is not automatic but usually desirable, around the age of three. A special nursery school may be appropriate in some instances. Selection of an appropriate nursery program is based on the child's specific needs and accessibility to the nursery. The Parent Advisor/Teacher visits the nursery program prior to the child's enrollment to determine if the physical facilities, educational program and nursery staff can meet these needs. The Special Education Preschool Program pays for any tuition charged by the neighborhood/special nursery program. State special education aids cover a major percentage of this cost.

The UNISTAPS staff has its own requirements for nursery schools relating to licensing, curriculum and teacher/pupil ratio. The following criteria are used to determine eligibility placement for hearing impaired youngsters in neighborhood nursery schools (Northcott, 1977*):

- The hearing impaired child is a full-time hearing aid user.
- The child has advanced in use of audition for language acquisition.
- The child has developed speech and language skills to a level where peer interaction is possible.

Staff has also established criteria to determine appropriateness of a nursery school program for a hearing impaired child. These stipulate that the nursery school should provide:

- An opportunity for social interaction with normally hearing agemates.
- Exposure to peer group behavior models.
- Exposure to peer group language.
- An opportunity to follow routine and structure.
- An opportunity to relate to adults other than parents.

Criteria for determining the appropriateness of nursery programs for non-hearing impaired handicapped youngsters have not yet been formalized. However, a standard nursery school observation form has been developed to determine nursery program appropriateness for all children. It is included in the published *Curriculum Guide for Hearing Impaired Children – Birth to Three – and Their Parents.*

Inservice Training: Nursery School Teachers

Each fall, the Preschool Program staff provides an intensive inservice training workshop for nursery school teachers who will accept a Preschool Program child during the academic year. The program content is based on a formal needs assessment questionnaire and makes extensive use of nursery school personnel who have had the experience of integrating children with special needs in their program. In addition, consultant support is provided throughout the year to the community-based preschool programs for nonhandicapped children. This support includes site visitations, assistance with lesson planning and activities that meet individual child needs, demonstration of methods that will facilitate working with the child, provision of toys and materials on a loan basis, and assistance in working with the child's family.

The service options available to children on-site vary each year depending on the needs of the population being served. 1976-1977 options include the following.

CENTER BASED NURSERY OPTIONS

CHILDREN'S NURSERY

Vicky Ruppenthal

The Children's Nursery is a direct service component designed to meet the needs of preschool children ages 3-5 who have been identified as experiencing some degree of emotional dysfunction. Children placed in this nursery are expected to make more relevant and more substantial gains in this setting than in other available alternatives.

Basic Premises of Therapeutic Programming

The premises of child development and child treatment which serve as the philosophical basis of the children's nursery include the following:

1. Multiplicity of causal factors – the young child's failure to develop normally is found to have many causes – physical difficulties, constitutional differences, disturbing experiences in the environment – hospitalizations, separations, failure to achieve early developmental tasks.
2. Pervasiveness of disturbance in the young child – the younger the child, the more likely he/she is to respond to stress with broad patterns of maladaption. Dysfunction or delay may not be localized in one area of functioning but may affect all systems. For example, disturbed, emotional and social development may lead to disturbed language, cognition, and fine/gross motor development.

   Thus we anticipate complicated, many faceted problems involving several aspects of a child's development and requiring our knowledge of all aspects of child development. A multidisciplinary approach to the child and his family is designed to address such concerns.
3. Disturbances of the very young child are based in failure to master developmental tasks of infancy and early childhood. The tasks failed by the disturbed child are the tasks achieved by the healthy child. Up to age five we can take advantage of the child's normal strivings to master these tasks and help the child modify or repair his/her distorted or inadequate developmental processes.

   Because of our belief in the potential for repair in the young child, our program does not attempt to ameliorate symptoms of problems but rather to approach underlying issues through direct work with the child and work with families.

*Northcott, W.H. (ed) Curriculum Guide: Hearing Impaired Children – Birth to Three – and Their Parents. Alexander Graham Bell Association for the Deaf. 3417 Volta Place, N.W., Washington, D.C. 291 p. 1977. (Revised). $8.50.

4. Play is the child's natural medium of growth and adaption. In order to respond to the total child's needs – social, emotional, cognitive, language, gross/fine motor – a guided play program is considered essential for disturbed children.

   The children's nursery is essentially a play program based in traditional nursery school practice and therapeutic elements individually planned for each child.

   A multidisciplinary team process involving observation, psychiatric consultation, and extensive family work focuses our efforts in the nursery school on the uniqueness of each child's dysfunction – so that primary needs in the child's social/emotional development which underlie more observable difficulties are the focus of intervention and remediation in the nursery setting.

5. Working with the child as part of a family constellation is crucial. Extensive work with parents of children enrolled in the Children's Nursery is accomplished through mother's group sessions, individual counseling, couple counseling done by a teacher/social worker team.

Description of the Therapeutic Nursery

The nursery school sessions provide a consistent schedule including a guided free play period, transition times into snack, music and story activity and a large motor play room period. Materials available are those typical of nursery school education – sand, water, easel paint, doll house, housekeeping and dramatic play props, construction and manipulative materials.

A heterogeneous grouping of children, including verbal, non-verbal, anxious, overly aggressive, atypical children is considered a necessary element of therapeutic planning. The value of participation in such a diverse group is maximized by teacher guidance of group play and social interaction. Verbal children serve as models for non-verbal children, those with differing capacities for appropriate assertion of self and ability to control aggression learn from each other.

Teacher guidance in all curriculum areas: 1) use of materials and activities; 2) peer play and interactions; 3) teacher-child relationship; and 4) coping with routines and change has a dual purpose. Children's normal growth strivings – the potentially healthy aspects of each child's development – are continually facilitated; therapeutic interventions are directed toward repair and relearning of inadequate or distorted aspects of each child's development. The guided play program is the basis of both aspects of treatment.

SENSORI-MOTOR NURSERY

Dona Heiman

Rationale

As more infants have been referred who exhibit some pathology that interferes with motor, language and cognitive development, the need for a more inclusive program than intermittent home therapy sessions has become apparent. The literature is filled with recommendations for those working with young children to serve the total child. This is true, perhaps especially, for the child with a handicapping condition. A youngster who cannot sit independently or move about his environment will likely also experience difficulty in learning to perceive the world accurately, in understanding relationships between himself and outside objects, or one object to another. Development of personality is altered in children who cannot take those first steps toward independence, or whose steps are modified greatly from those taken by non-handicapped children. The child's increased dependence on the parents, and anxiety brought about from not being able to explore the world or even his own body, places greater strains on the parents' patience, energy, and time. Relationships between the parents and child can become unnatural and fraught with confusion as ways are sought of coping with a child whose problems go beyond those of normal development.

Infant stimulation programs are now in existence for children with general development delays, and it was felt that a similar type of program could benefit those children whose delays stem from pathology and not just immaturity. A program where the parents would be directly involved with the infants during nursery sessions was considered the approach of choice. The parents could be gaining understanding of the uniqueness of their child and how to incorporate special techniques of handling into everyday life, observing how growth and development are similar in all children, and sharing thoughts with the other parents in the group.

Description

The Sensori-Motor Nursery is based around a Piaget framework of cognitive development. The title of the nursery is taken from the label given these first two years of cognitive development. As learning during this time incorporates all of the child's developmental experiences, and as emphasis will be on all areas of sensory input and integration, as well as motor skills, the title was felt to be appropriate.

Toys and other materials are categorized according to age appropriateness to enhance the learning experiences that occur in the first two years of life. Activities include facilitation of gross and fine motor development, listening skills, speech and language, visual exploration, feeding, body awareness, object concept and appropriate use of objects, affect and development of appropriate relationships with others. Each child's program is individualized not only to facilitate desired behaviors, but also to provide more developmentally appropriate alternatives to undesired behaviors or pathology.

The current nursery sessions are Mondays and Wednesdays from 2:00-3:30 in the afternoon. The Preschool Program physical therapist is in charge of the nursery, and there is consistent involvement of the occupational therapist, speech clinician, and other staff members as appropriate. At present three infants and their mothers are enrolled. Four infants and a parent for each will comprise a maximum nursery group, the

number of groups in session being determined by children referred for enrollment. Parents are also encouraged to attend the monthly parent meetings on child development and parenting topics.

Criteria for Enrollment

Criteria for a child entering the nursery are that the child be maturationally under two years of age; for the current nursery, be non-ambulatory; and show significant developmental delay in motor, language and cognitive areas due to neurological/orthopedic pathology. For example, the two children now enrolled have presenting problems of increased muscle tone and a cerebral infarction causing left side paresis and spasticity.

The child is accompanied to each session by a parent. Parent participation enhances the partnership between parent and child, and provides the opportunity for parents to learn together, share experiences, and lend support.

As the child develops beyond the sensori-motor period, continuation in the nursery is no longer appropriate, and further programming will be determined, with input from the multidisciplinary team and the parents.

PRESCRIPTIVE NURSERY

Shirley Fowler
Harriet Kaplan
Patricia Kennedy

Another nursery option has just been developed (1977): the Prescriptive Nursery. This option provides a directed free play experience for 3 to 5 year olds for whom 1. continuing assessment is necessary; 2. an appropriate community nursery setting has not yet been identified, or 3. a small group experience is warranted.

There were children being identified during the initial assessment that staff felt deserved further observation before other programming decisions could be made. The team works in conjunction with the two teachers in continuing to gather data about specific children that are placed in the nursery for ongoing assessment. Thus, for some children, placement in this nursery will be short term and for others their placement will be for a sustained period of time.

A parent group is being established which will be comprised of the parents of the children in this nursery.

I. Premise/Description

The Prescriptive Nursery provides:

- a nursery experience (directed play) three afternoons per week.
- an opportunity for continued assessment.

II. Characteristics of Children

The Prescriptive Nursery population would include children:

- needing on-going services from specialized staff members.
- unable to integrate into a neighborhood nursery setting.
- requiring on-going assessment/observation.

III. Major Program Objectives/Child

The Prescriptive Nursery provides:

- a supportive environment facilitating interaction and learning, in which the child may build a positive self-concept in both affective and cognitive areas.
- a low child-teacher ratio for maximum learning and interaction.
- a physically and emotionally safe environment which will support the child's growth in self-care, self-expression and developing relationships. opportunities for meaningful, directed experiences recognizing play as a natural mode of learning for the young child.

IV. Major Program Objectives/Family

The Prescriptive Nursery family component would provide individual counseling and group work for opportunities to:

- increase parent awareness, understanding, and interaction with their enrolled child in areas of overall development and management.
- enable a comfortable transition from home to school, being attentive to the area of separation for both parent and child.
- enhance individual family members growth for optimal self/other functioning within the family system.

V. Criteria for Entry/Child-Family

Admitting a child/family to the Prescriptive Nursery would involve:

- decision making for possible prescriptive nursery placement including the prescriptive nursery staff.
- transportation details being arranged by the case manager.
- prescriptive program planning regarding the child/family coordinated with involved staff members and Prescriptive Nursery staff.

VI. Prescriptive Nursery Involvement/Child-Family

The on-going Prescriptive Nursery programming would involve:

- coordination of individual child's assessment information by case manager and Prescriptive Nursery staff for planning and implementations of child's long and short term goals.
- coordination of child's initial and on-going assessment needs and procedures by specialized staff members and Prescriptive Nursery staff.

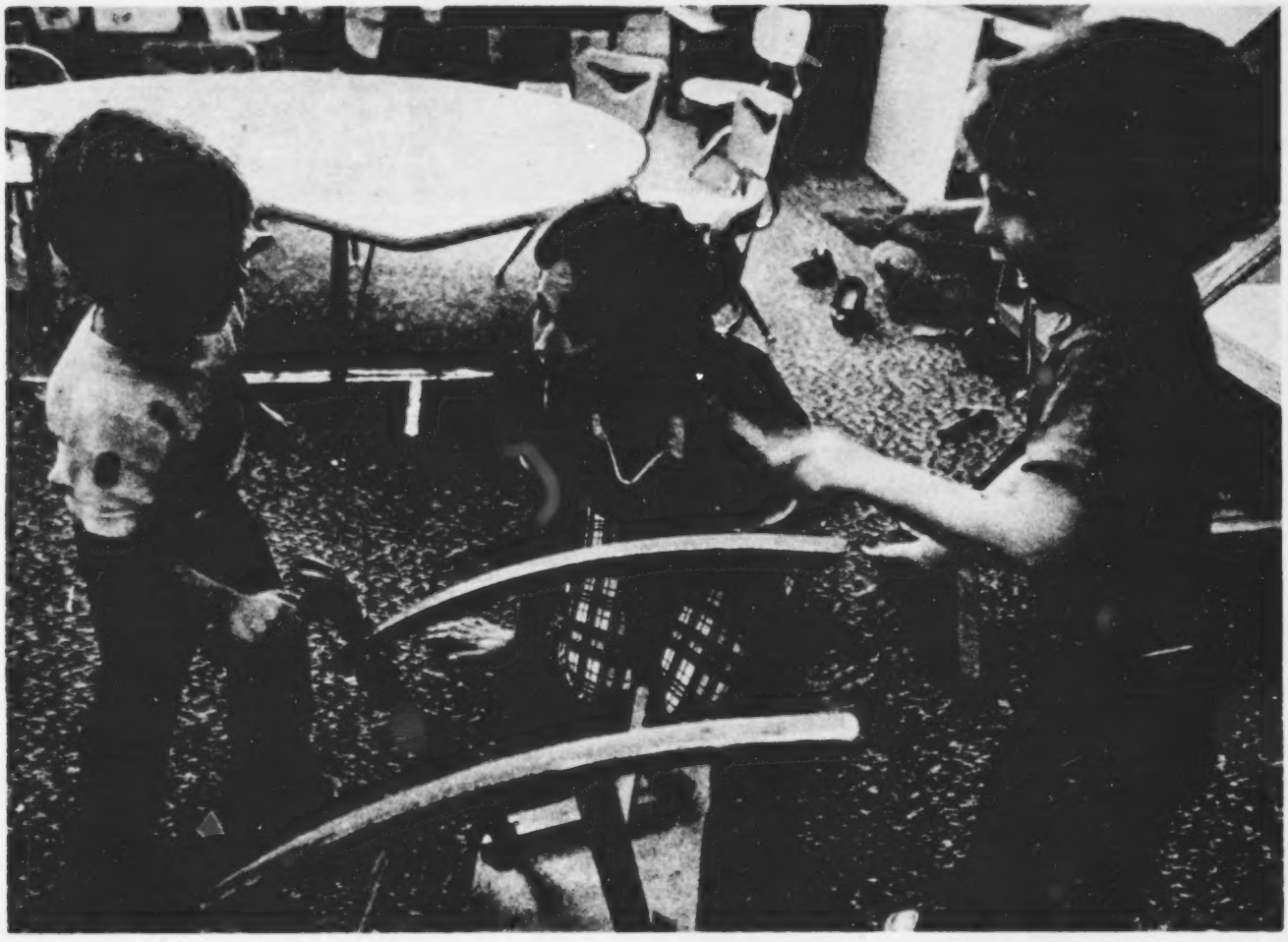
VII. Prescriptive Nursery Program: Components/Activities

- greeting/removal and hanging up of outdoor clothing.
- free play choices with teacher interaction once child has made a choice.
- finger play/singing, or group games.
- bathroom.
- snack or experiential activity.
- free play.
- music or story time.

VIII. Prescriptive Nursery: Demission

A child would depart from the Prescriptive Nursery according to:

- evaluation information provided by specialized staff members, community agency personnel, Prescriptive Nursery staff.
- when child has met the demission criteria established upon entrance.



PRE-KINDERGARTEN READINESS NURSERY

Patricia Kennedy

The pre-kindergarten nursery is an option for four year old language delayed children who are candidates for integration into regular kindergarten classes at age five. The nursery is structured to provide these children with readiness experiences that include the language, the concepts, and gross and fine motor activities used in the Minneapolis Public School kindergartens. It also provides an opportunity for early remediation of any developmental delays which might impede optimal functioning in the regular classroom.

Hearing impaired and other language delayed children who meet the following criteria are eligible for the pre-kindergarten nursery:

1. The multidisciplinary team recommends placement for stimulation in all areas of development.
2. The child has integrated listening skills and can follow directions auditorially.
3. The child has communication and cognitive skills approaching developmental age levels of nonhandicapped peers.

Placement of hearing impaired children is based on the child's auditory functioning and not the audiogram.

The nursery meets two half days a week. It is a cognitively oriented nursery with time scheduled for one to one teaching; one to one speech therapy with the speech and language clinician; and one to one fine and gross motor activities planned and directed by the occupational therapist. In addition each child has an individual session for one hour with the teacher and his parents and attends a neighborhood nursery three days a week.

Staff members write individual objectives jointly for each child and on-going evaluation is both formal and informal.

A report of the nursery experiences and suggestions for reinforcing the language, concepts, and activities are sent home to parents after each session. Parents are encouraged to observe in the nursery at least twice a month.

At age five, the children are tested by appropriate staff members, using the following instruments: Boehm-Slater Cognitive Skills Assessment Battery; The Boehm Test of Basic Concepts; The Berry-Bukinica Test for Visual-Motor Integration; Minnesota Child Development Test Inventory; Peabody Picture Vocabulary Test; and the Templin-Darby Test of Articulation. If integration into a regular education program is indicated, a staff conference is held with personel from each of the receiving schools. If necessary, recommendations are made concerning the child's individual needs for tutoring, speech and language therapy, and/or amplification.

Research on children who have been integrated from the Special Education Preschool Program indicates that the pre-kindergarten nursery experience is one of the important variables that insures successful assimilation of language delayed children into regular classes during the elementary school years.

SPECIAL NURSERY: HEARING IMPAIRED

Doris Anderson

Preschool years are the optimal time for speech/language development. Hearing youngsters arrive at their kindergarten doorsteps with a vocabulary of several thousand words and the syntactic structure of their language virtually intact. In order to fully develop a child's true potential, it is essential that all children who are enrolled be given an opportunity to understand language spoken to them and to communicate their own ideas, wants and feelings.

A highly structured, sequentially developed auditory/oral approach to language learning is chosen by the majority of parents of hearing impaired children enrolled in the Special Education Preschool program. Indeed, our program espouses this philosophy. The majority of hearing impaired children, regardless of the degree of hearing loss as indicated on an audiogram, are enrolled in a regular nursery school in the community around the age of three. This offers the hearing impaired child an opportunity to observe and imitate the personal, social and communicative behavior of normal hearing peers. However, in order to meet the needs of some functionally deaf children who are not able to process language auditorially, it was deemed necessary to add a more visual language through the simultaneous method of instruction, under the philosophy of total communication. By definition, total communication in this nursery refers to the use of audition, speech, speech-reading (lip reading plus body language), formal signs, natural gestures and some simple written language. Fingerspelling and most written language are not appropriate at this early maturational level. However, a highly individualized approach to language development is used, utilizing some or all of the above. In 1976-77, four children were enrolled in this special nursery.

For one child, single words would be the most appropriate interaction, e.g., retarded deaf child. For another, a child with auditory agnosia and a moderate hearing loss, language is developed in three steps: (1) sign alone, to reduce sensory input; (2) sign and speech; and (3) speech without the sign. For the other two children – youngsters who exhibit no other handicaps, short, simple phrases are being used. Our main goal for each child is comprehension of language in an experiential setting. S.E.E. (Signing Exact English) is used. It is not a guarantee the child will understand what is said to him.

Approach and Description

The nursery is in session three mornings each week from 9:30-11:30. Transportation is provided for three of the four children. Although emphasis is placed on language development, it is essential to remember that, first of all, the children are three years old and have the same needs and frustrations as any other young child. In reviewing the total child, the nursery seeks to provide:

- a positive encouraging learning milieu
- a safe supportive environment
- consistent behavioral expectations
- individual/group peer relationships
- guided cooperative/individual play experiences
- warm consistent adult relationships
- a wide variety of creative/appropriate materials and toys
- cognitive/perceptual development through play experiences and structured experiential activities
- structured/on-going natural language interaction
- opportunities for gross/fine motor development
- appropriate self-care skill development

Special services/assessment are provided by an occupational therapist, speech clinician and physical therapist. The occupational therapist plans and directs both group/individual perceptual-motor activities every week. Individual daily language intervention is provided by a speech clinician for youngsters whose needs cannot be met in a small group setting.

A total team assessment is done at least twice a year, followed by case conferencing to help in developing written behavioral objectives. Objectives are written in three-month segments for each child, the group and for the family. Assessment is on-going with objectives reviewed and revised as appropriate.

Criteria for Enrollment

Children who have been in a auditory/oral program for at least one full year, who have used amplification consistently, who have received on-going language/auditory stimulation and still are:

- unable to understand the most basic highly repetitive phrases spoken to them
- unable to process meaningful loud environment sounds
- unable to process the loudest gross sounds, e.g., drum, cow bell, marbles in a can
- unable to imitate a short temporal pattern, e.g., two-syllable babble
- unable to distinguish or imitate basic vowel sounds, e.g., ah . . . oo . . .

These children are felt to be appropriate candidates for this special nursery. It does not mean that we automatically place every child in a nursery using the simultaneous method who has been in the program for one year and has made minimal gains in developing auditory skills. The total child and his/her family situation is given careful consideration.

Other children who may be appropriate candidates are:

- severe/profoundly deaf youngsters who have deaf parents
- children exhibiting other problems in addition to hearing impairment, i.e., mental retardation, learning disabilities (aphasia)
- children from homes that espouse a total communication philosophy
- children who sustain a profound hearing loss and are late diagnosed, i.e., 3.5 years or older

Parent Involvement

In this family-oriented program, the staff firmly believes that parents are a child's first and foremost model. Emphasis is placed on developing competent, confident and caring parents.

Parents are asked to volunteer one day each week in the nursery to help them gain skills relating to their child, feel more comfortable in behavioral management and modeling or expanding language. In addition, home visits are made on a weekly basis for individual instruction, a review of the concepts presented that week in the nursery and to talk over any concerns the family might have.

Parents are encouraged to participate in a weekly group parent meeting, either on a Monday or Thursday morning. We have found that much strength and support can be gained in group experiences, that cannot be met any other way.

Parents are also a real part of the team during conferencing or when planning program changes.

Behavioral objectives are written with their input and help in the following areas:

- speech/language (receptive and expressive areas)
- audition
- cognition/perception
- self-help
- psycho-social
- gross/fine motor skills

You can see from the above description that we are looking not only at the total child but his total environment.

Coordination with Community Agencies

This coordination with other community agencies who are also involved in major decisions affecting the child and his family, is an important function central to the entire laboratory program. The effort is critical if fragmentization of service is to be minimized and comprehensive programming facilitated. Contacts are made with physicians and other health care providers, welfare agencies and social agencies once the child is enrolled and continually during during the duration of programming. Written information is shared and other professional staff involved are asked to participate incase conferences on a selected basis.

When inservice to community agency or special nursery school staff is offered, techniques include demonstration teaching, relating to behavior management and facilitating coping skills. Suggestions might be made concerning minor changes to produce a more conducive listening environment, ways to promote maximum participation in various activities and suggestions of instructional methods and materials to use with the child to attain greater achievement performance.

A formal assessment questionnaire is given to agency representatives requesting consultative services of the Preschool Program staff. Responses are analyzed for modification according to the recommended changes.

PARENT/FAMILY EDUCATION PROGRAM

Shirley A. Fowler

An integral part of Preschool Program services is the Parent/Family Education Program. Parent education in its broadest sense implies intervention to enable parents to function more effectively in their parental role. The main aim in coordinating parent programming and procedures in the Special Education Preschool Program has been to incorporate these within a sound, ideological framework of parent education as a whole. The basic premises of the Parent/Family Education Program, stated initially in 1969 by Dr. Winifred Northcott, remain at the core of the present framework:

1. Parents benefit from active involvement in a preschool program as a prerequisite for expansion of their parenting skills.
2. Increased involvement is useful in parental development of a successful identity, including a feeling of personal worth, as a prerequisite for assurance of a stimulating home environment in which maximum listening, sharing and learning take place.
3. Parents learn as well from each other as from a professional staff.

Creating a partnership of parents and staff with common goals, mutual respect and recognition of each other's unique contributions is a basic foundation of parent education. Through this kind of partnership the various program components are implemented and contribute to the identified program goal to strengthen and enable the total functioning of the parent in relationship to himself, his child, family and others. The dual focus is on 1. attention to the support of the parent (affective and instructional domains) and 2. presentation of factual material concerning the child's handicap, development, management and education.

Currently the parents active in the Preschool Program are involved in a wide variety and diversity of educational components – family workshops, small group discussions, individual parent/child sessions, parents' initiated activities, nursery observations, and home/agency visits. These components have evolved out of the parents' interests and needs and provide a unique opportunity for a dynamic process of learning for parents and staff.

In developing planning procedures in programming, an Interactional Intervention Model (Fowler, 1974) which emhasized the partnership of parents and staff in the various stages has been utilized. These stages include:

1. *Assessment of needs* – Methods of assessing needs of parents has ranged from informal discussions with individuals, couples and small groups of parents to utilizing questionnaires, inventories and parent notebooks. The most crucial factor has been to obtain an accurate perception of the parents' needs.
2. *Specifying objectives/intervention* – The above information is needed for the initial statement of objectives and intervention activities for which the staff has been responsible with continuing involvement of the parents. The decision of selection and effectiveness of a panel discussion, debate, small group discussion, workshop, study group, etc., has depended upon the intent and content of the stated objectives/intervention.
3. *Considering/clarifying intervention* – Consideration of the initial objectives and intervention activities with openness to changes has been an important step in shared programming. It has given both parents and staff an opportunity for clarifying any misinterpretations or plans at a stage when the process is flexible and provides for such. This opportunity has also conveyed to parents in an explicit way their vital role in programming and assured their subsequent participation.
4. *Altering the plan* – Use of this model, which stresses continual communication and interaction of parent and staff programming, does not guarantee a consensus agreement will always be reached before the altered plan is carried out. Several occasions arose this past year where the staff and parents had to make a decision to proceed with the plan as altered.
5. *Carrying out the intervention/activities* – The parents and staff shared in the responsibility for the efficient implementation of the planned activities. Parents as well as rotating staff members served as facilitators for the weekly and monthly parent meetings and family workshops.
6. *Evaluating the intervention/activities* – This model allowed for continuous feedback for minor changes in the goals or procedures so that a shift of emphasis in the content of a program series (Early Childhood Education Series) could be made. Questionnaires, videotapes, and interviews were utilized in evaluating parent's reactions to the value and content of the various components of the program.

Through initial and continuous individual and group assessment, parents and staff planned the nine month parent education program at three month intervals utilizing the Interactional Intervention Model. Group education through guided small group discussion was only one component of parent programming but a most vital one. This process of parent education offered a challenging learning experience which grew out of the parents' interests and needs and in which they participated in their own individual ways. This educational experience recognized the importance of feelings and attitudes and used emotional mobilization as well as intellectual stimulation. One of the challenges, and also a creative factor, was the fluidity and shifting nature of parents' needs as they participated in the group sessions – some having participated for a period of several years. There was a wide coverage of interests, rich sharing of experiences and insights and apparent changes in feelings, attitudes and coping behavior of parents involved in both the Wednesday morning topical group and the Thursday morning behavior solving group.

A popular and most effective vehicle of educational programming were Saturday morning family workshops. Both the nuclear and extended families were involved in the workshops in an observational and participatory activity concerning the handicapped child. At one workshop a separate session was held for siblings with enthusiastic response from them and their families. The positive feedback from parents and grandparents concerning this type of family workshop has made it an essential part of our program planning for the future.

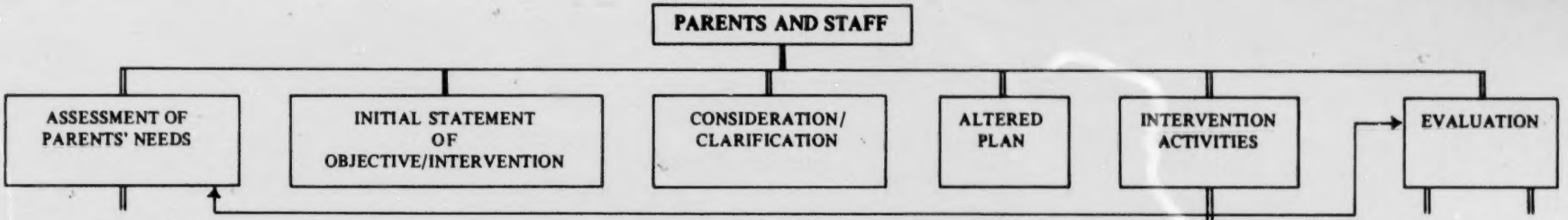
For wider and more diversified programming, "for men only" and parent evening meetings with potluck dinners were held throughout theyear. Informal lectures, panel discussions, videotape viewing of parent-child learning sessions, along with parent discussion and sharing made these rich experiences for parents and staff.

Parent initiated activities this past year were both creative and beneficial for program participants. Some examples of these are:

- "A New Parent's Introductory Packet," compiled and organized by David and Mary Hile.
- "Places to Go, to See, to Talk About with Your Preschool Child," by Judy McCleery.
- "Parents' Perceptions: Parenting a Handicapped Child," a videotape developed by eleven parents and the Parent Program Coordinator which will be used as part of the orientation to new parents entering the Preschool Program.

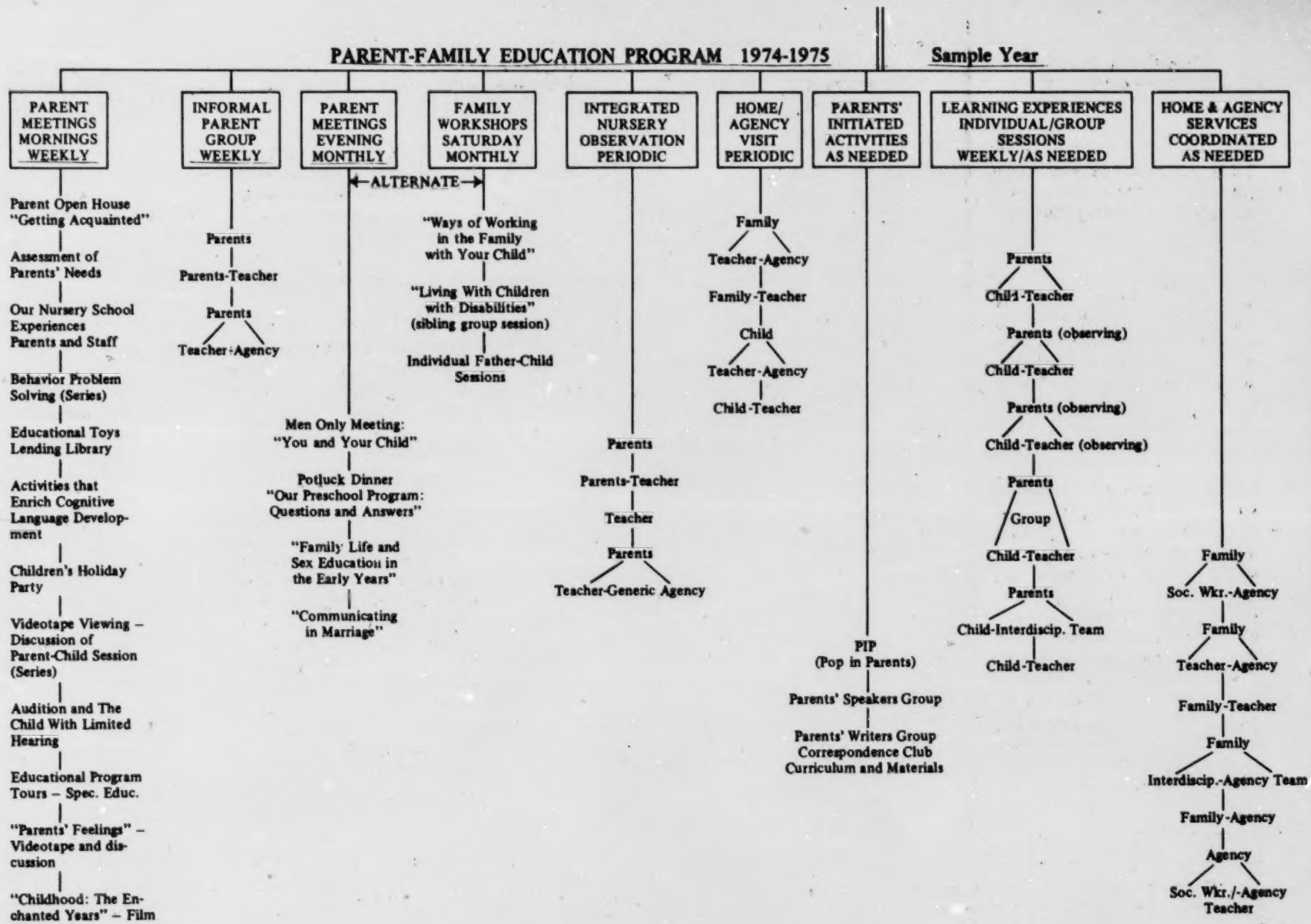
The chart on the following page depicts all of the activities available to parents through the Parent/Family Education Program, in a sample year. The chief aspects of what was attempted this past year via parent education programming remain relevant to the overall goal of the parent program:

> *To enable the parents to gain factual knowledge and self-awareness and at the same time provide emotional support through: (1) factual knowledge about the child, his disability and its effect on him; (2) assistance in understanding their own problems in relating to and teaching their child; and (3) emotional support and empathy in order to carry on their demanding daily responsibilities.*



Source		Instrument	Date
Initial/Ongoing Parent Group Meetings Individual Parent Interviews Parents' Planning Sessions (Periodically)	**Education-Training** (focusing on family, parents)		
	Family Workshops (content/skill/overall value)	Workshop Evaluation Evaluation Form	CS
	Parent Information (factual knowledge)	Parent Information Questionnaire	E
	Parental Teaching Style	Videotape Rating Scale	FS
	Early Childhood Development Series	Series Evaluation Form	CS
	Behavior Problem Solving Series	Series Evaluation Form	CS
	Community Parent Education Courses	Parents' Evaluation Form	CS
	Parent Education Group Sessions	Session Evaluation Form	CS
	Integrated Nursery School Observation	Parents' Observ. Form	FS
	Individualized Family Programming	Parent Program Goals Form	C
	Parent Assessment/Child	Minn. Child Develop. Invent. Developmental Assessment Scheme	FS FS
Information Obtained Through Evaluations	**Participation** (cooperative efforts of parents/teacher/staff in working with child)		
	Parent/Teacher Sessions at Home/Preschool Program	Weekly Report Form	W
	Mother/Child Nursery Sessions	Attendance Records	W/EY
	Pre-Kindergarten Nursery Sessions	Attendance Records	W/EY
	Generic/Neighborhood Nursery Sessions	Attendance Records	W/EY
	Diagnostic Sessions	Attendance Records	CS
	Coordination (assisting parents in services from other agencies)		
	Parent Education Program-Generic Agencies	Attendance Records	W/EY
	Information (medical, education, factual)	Weekly Report Form	W/EY
	Referral Assistance	Weekly Report Form	W/EY
	Inter-agency Educational Planning	Staffing Reports	AA

CS = Completion of Session/Series
C = Continuous
EY = End of Year
FS = Fall and Spring
E = Entry
W = Weekly
M = Monthly
AA = As Appropriate


PARENT-FAMILY EDUCATION PROGRAM 1974-1975
Sample Year
PARENT MEETINGS MORNINGS WEEKLY
Parent Open House "Getting Acquainted"
Assessment of Parents' Needs
Our Nursery School Experiences Parents and Staff
Behavior Problem Solving (Series)
Educational Toys Lending Library
Activities that Enrich Cognitive Language Development
Children's Holiday Party
Videotape Viewing – Discussion of Parent-Child Session (Series)
Audition and The Child With Limited Hearing
Educational Program Tours – Spec. Educ.
"Parents' Feelings" – Videotape and discussion
"Childhood: The Enchanted Years" – Film
Growing Mind of the Child
INFORMAL PARENT GROUP WEEKLY
Parents
Parents-Teacher
Parents
Teacher-Agency
PARENT MEETINGS EVENING MONTHLY
ALTERNATE
Men Only Meeting: "You and Your Child"
Potluck Dinner "Our Preschool Program: Questions and Answers"
"Family Life and Sex Education in the Early Years"
"Communicating in Marriage"
FAMILY WORKSHOPS SATURDAY MONTHLY
"Ways of Working in the Family with Your Child"
"Living With Children with Disabilities" (sibling group session)
Individual Father-Child Sessions
INTEGRATED NURSERY OBSERVATION PERIODIC
Parents
Parents-Teacher
Teacher
Parents
Teacher-Generic Agency
HOME/ AGENCY VISIT PERIODIC
Family
Teacher-Agency
Family-Teacher
Child
Teacher-Agency
Child-Teacher
PARENTS' INITIATED ACTIVITIES AS NEEDED
PIP (Pop in Parents)
Parents' Speakers Group
Parents' Writers Group
Correspondence Club
Curriculum and Materials
LEARNING EXPERIENCES INDIVIDUAL/GROUP SESSIONS WEEKLY/AS NEEDED
Parents
Child-Teacher
Parents (observing)
Child-Teacher
Parents (observing)
Child-Teacher (observing)
Parents
Group
Child-Teacher
Parents
Child-Interdiscip. Team
Child-Teacher
HOME & AGENCY SERVICES COORDINATED AS NEEDED
Family
Soc. Wkr.-Agency
Family
Teacher-Agency
Family-Teacher
Family
Interdiscip.-Agency Team
Family-Agency
Agency
Soc. Wkr./-Agency Teacher

THE REGIONAL PROGRAM FOR THE HEARING IMPAIRED: ONE COMPONENT OF THE SPECIAL EDUCATION PRESCHOOL PROGRAM

Winifred Northcott

A total of 167 children with hearing losses sufficient to require specialized education and services were enrolled in the Minneapolis public school program from 1967-1974. Eighty percent of the enrollees were identified as having a severe or profound hearing loss.

This program was initiated for children under the age of four by the Minneapolis public schools in response to the rubella epidemic of 1964-1965 which resulted in burgeoning numbers of very young children being added to the rolls of the Preschool Program at the Minneapolis Hearing Society. Dr. Winifred Northcott, Preschool Director at the Society from 1955-1965, was liaison person under the direction of Dr. Richard Johnson, then Director of Special Education in the Minneapolis public schools. Dr. Johnson offered the first regional public school program for preschool hearing impaired children and their families, implementing the *State Guidelines: Preschool Educational Program for the Hearing Impaired* and drawing from the newly appropriated state special education aids for such purpose. On leave of absence as Consultant for the Hearing Impaired in the State Department of Education to assume the temporary role of Minneapolis Coordinator, Program for the Hearing Impaired, 0-21, Dr. Northcott in 1967-1968 generated interest among suburban district directors of special education to pay the tuition costs for enrolling resident children in the Minneapolis public school regional program staffed by one parent adviser/teacher (Patricia Kennedy) and a part-time social worker. The First Chance Project became a reality the following year. The Minnesota Department of Education was and remained the grantee for 8 years; the logical laboratory program was and is the Minneapolis Public School direct service program. It was first directed by Jayne Nelson, as Coordinator of the Hearing Impaired Program, 0-21, and later by the current Coordinator, Lou Erickson, who directed the transition to a noncategorical program for severely handicapped

TABLE I
INFANT-PRESCHOOL PROGRAM FOR HEARING IMPAIRED CHILDREN, 0-4 YEARS, MINNEAPOLIS PUBLIC SCHOOLS*

	ENTRANCE CHARACTERISTICS					
	1968-1969 (N = 65)			1973-1974 (N = 26)		
	N	Mean	Median	N	Mean	Median
Age at diagnosis (corrected: diagnosis minus onset) by year of enrollment						
All children, 0-4	57	25.0 (mo.)	36 (mo.)	24	27.1 (mo.)	26.5 (mo.)
91† db. loss	29	23.6	24	8	12.4	10
71-90	14	23.4	25	9	25.6	26
41-70	11	32.5	33	7	46.0	46
40 or below	0	–	–	0	–	–
Age of enrollment (corrected: enrollment minus onset) by year of enrollment						
All children, 0-4	58	35.2 (mo.)	35 (mo.)	23	31.4 (mo.)	30 (mo.)
91† db. loss	29	35.2	36	8	19.0	18
71-90	14	35.1	35.5	9	29.1	32
41-70	12	37.7	39.5	6	51.5	49.5
40 or below	0	–	–	0	–	–
Interval between diagnosis and enrollment†						
All children, 0-4	59	9.9 (mo.)	8 (mo.)	23	5.2 (mo.)	5 (mo.)
91† db. loss	30	11.5	9	8	6.6	2.5
71-90	15	11.1	7	9	3.6	3
41-70	11	6.5	4	5	6.8	5
40 or below	0	–	–	0	–	–

*Laboratory, UNISTAPS Project, Minnesota Department of Education, St. Paul.
†Scatter = one week to one year (the latter due to impending surgical procedures).
*From: Northcott, W.H. Normalization of the Preschool child with hearing impairment. In M.E. Glasscock (ed.) Otolaryngologic Clinics of North America – Vol. 8, No. 1, Feb. 1975, 159-186. Reprinted with permission of: W.B. Saunders Co. Publishers, PA.

children and their families in the fall of 1974. The direct service program mirrored the basic premise of the *State Guidelines: Preschool Educational Programs for the Handicapped in Minnesota,* ". . . It is recommended that children be identified in terms of their behavioral needs rather than categorical criteria of handicap (medical label)." The four basic areas are:

1. communication
2. psychomotor
3. cognitive
4. social/adaptive

Therefore, after 1974, laboratory program statistics were not kept on hearing impaired children as a separate entity. They were incorporated into the summary data which was classified by area of primary developmental delay, as identified above.

An examination of the change from 1968 to 1974 in entrance characteristics of children served in the Infant/Preschool Program for the Hearing Impaired revealed encouraging trends, particularly with regard to those children having severe or profound hearing loss. The data indicate that for the first year of operation, 1968 to 1969, the mean age at diagnosis of children having profound hearing losses (91 db +) was 23.6 months. In 1973-1974, the mean age at diagnosis of children with 91 db + loss was 12.4 months, almost a year younger than in 1968-1969. Furthermore, a comparison of mean age at enrollment* in the Infant Preschool Program for the Hearing Impaired from 1968 to 1974 revealed an even more significant decrease in age. In 1968-1969, the mean age at enrollment of children having profound hearing loss (N=29) was 35.2 months. In 1973-1974, the mean age at enrollment dropped to 19 months for children with 91 db + loss. These results tend to demonstrate the effects of specific project efforts directed toward increasing the awareness of the medical and general community with regard to early identification and treatment of severely hearing impaired children.

Child Progress

Child progress was demonstrated (1973-1974) in the Family-Oriented Infant/Preschool Program for Hearing Impaired Children in terms of the achievement of specific pupil development objectives. It was expected that during the school year, 80 percent of the children enrolled in the Parent Program, Infant/Preschool would gain at least 7 months developmentally on the *Preschool Attainment Record* (PAR) in the Ambulation, Manipulation, Ideation and Creativity sections. The results of the PAR testing are presented in Table 1 for 25 children for which pre- and post-scores were obtained.

*The interval between diagnosis and enrollment ranged from one week to one year, the latter primarily because of impending surgical procedures.

TABLE II
PRESCHOOL ATTAINMENT RECORD RESULTS FOR CHILDREN IN INFANT/PRESCHOOL PROGRAM FOR HEARING IMPAIRED CHILDREN, 1973-1974 (N = 25)*

Child	Pre-Test Score (Mos.)	Post-Test Score (Mos.)	Gain (Mos.)	CA at Post-Test, May, 197	Objective Net (7 Mo. Gain)	Normal Level of Development at Post-Test
A	22.0	26.3	4.3	21	–	+
B	52.0	54.0	2.0	52	–	+
C	28.5	36.0	7.5	33	+	+
D[a]	29.0	30.0	1.0	40	–	–
E	27.0	43.2	16.2	33	+	+
F	30.0	39.0	9.0	33	+	+
G[a]	27.8	30.8	3.0	66	–	–
H	42.0	50.0	8.0	42	+	+
I	44.3	55.5	11.2	51	+	+
J	21.0	29.3	8.3	18–	+	+
K	36.4	45.7	9.3	36	+	+
L	39.8	42.4	2.6	42	–	+
M	38.8	46.8	8.0	43	+	+
N	42.5	48.0	5.5	50	–	–
O	32.3	36.0	3.7	33	–	+
P	24.8	26.0	1.2	30	–	+
Q	53.3	57.8	4.5	47	–	+
R[a]	53.3	57.5	4.2	64–	–	–
S	50.3	60.8	10.5	48	+	+
T	54.3	63.0	8.2	44	+	+
U	53.4	63.8	10.4	54	+	+
V	49.5	54.3	4.8	47	–	+
W	43.5	53.3	9.8	40	+	+
X	47.3	60.8	13.5	53	+	+
Y	44.5	54.8	10.3	44	+	+
Mean	39.51	46.59	7.1			
Standard deviation	10.69	11.83				
Number of +					14	21
Number of –					11	4
t = 9.0 p .001						

[a]Multiply handicapped.
*From: UNISTAPS Evaluation Report, 1973-1974.

The table indicates that of the 25 children, 14 or 56 percent, made gains of 7 or more months. However, in terms of actual gains made, 21 or 84 percent, were functioning at levels commensurate with their chronological ages at the time of post-test. Additionally, three of the four children not functioning at normal levels were multiply handicapped; one was mentally retarded, a second was retarded with physical health problems, and a third was cerebral palsied. Analysis by t-test for related measures showed the mean difference between pre and post scores to be significant beyond the .001 level of confidence.

In terms of a second pupil development objective, it was expected that 80 percent of the hearing impaired children in the Pre-Kindergarten Class would score within normal limits for 4-year-olds on the *Merrill-Palmer Scale of Mental Tests*

in both verbal and performance areas by the end of the school year. Table 2 presents the results of these tests.

TABLE III
MERRILL-PALMER SCALE OF MENTAL TESTS: CHILDREN IN PRE-KINDERGARTEN CLASS, 1973-1974*

	Verbal	Performance
Number of children	6	6
Number tested[a]	5	5
Number within normal limits	4	5
Percent within normal limits (of those tested)	80	100

[a]The other child moved before this testing was completed.
*From UNISTAPS Evaluation Report, 1973-1974

The results indicate that the criterion of 80 percent of those tested within normal limits was achieved in both verbal and performance areas.

An additional objective for children served in the Pre-Kindergarten Class stated that 80 percent of the children enrolled would reach the 3.6 year age level on the *Peabody Picture Vocabulary Test* at the end of the year. Results indicated that four of the five children tested in the Pre-Kindergarten Class, or 80 percent, were at the 3.6 year age level, thus achieving the stated criterion.

Additionally, child progress for 1974-75 was assessed in terms of the number of children in the Special Education Preschool Program who achieved at least 75 percent of individual instructional objectives. The results of this analysis indicated that 64 percent of the children served, mastered at least 75 percent of their individual instructional objectives. An average of 25 objectives were written for each child participating in the Special Education Preschool Program.

Educational Alternatives: Children in Elementary School Years

An examination of the educational placement of the 52 children with the primary disability of deafness who were enrolled in the Minneapolis program in 1968-69, reveals the wide variety of educational settings in which these children were functioning in the fall of 1974 (the last year children were identified for programming by disability). By shared judgment of parents and multidisciplinary team members the method of communication was either a continuation of the auditory/oral method used in the infant/preschool years or the simultaneous method, which presents fingerspelling, speech and a form of sign language simultaneously. A glance at Table 3 (*Educational Placements, Fall 1974*, below) dispels the notion of one education setting for all children – which traditionally was the special class taught by a teacher of the deaf – and mandates all possible educational alternatives to accommodate the wide range of presenting behaviors of hearing impaired children who are of formal school age. This set of alternatives the part-time resource room and full-time regular class placement involving the role of itinerant teacher/tutor was expanded to accommodate to the reality of individualized programming according to child characteristics. This "ripple effect" upon elementary school alternatives must be addressed to by every district and agency initiating a direct service pre-school program.

TABLE IV
INFANT-PRESCHOOL PROGRAM: HEARING IMPAIRED CHILDREN, 0-4, MINNEAPOLIS PUBLIC SCHOOLS, EDUCATIONAL PLACEMENTS, FALL 1974

	CHILDREN FIRST ENROLLED IN 1968-1969 (N = 65)		ALL CHILDREN ENROLLED 1968-1974 (N = 167)	
	N	%	N	%
Total enrolled	65	–	167	–
Number multiply handicapped*	11	–	25	–
Number misdiagnosed (i.e., not hearing impaired)	2	–	4	–
Number for whom deafness is primary disability	52	100	138	100
Infant-Preschool	0	0	19	14
Integrated Program	23	44	40	29
Full day integration in home school	(19)	(37)	(35)	(25)
Full day integration at Lyndale or Hamilton	(4)	(8)	(5)	(4)
Partial integration	3	6	13	9
Lyndale or Hamilton	(3)	(6)	(11)	(8)
Anoka	(0)	(0)	(2)	(1)
Self-contained program				
Aural-oral classes	6	12	28	20
Lyndale or Hamilton	(6)	(12)	(28)	(20)
Total Communication Classes	15	29	24	17
Lyndale or Hamilton	(11)	(21)	(13)	(9)
St. Paul	(2)	(4)	(5)	(4)
Wright County	(0)	(0)	(3)	(2)
Minnesota School for the Deaf	(2)	(4)	(3)	(2)
Moved or no information†	5	10	14	10
TOTAL	52	100	138	100

*Two are EMR children now functioning as regular members of EMR classes; one has been diagnosed as a learning disabled child and is partially integrated at Lyndale School.
+Three were known to be integrated before they moved.
†From: Northcott, W.H. Normalization of the Preschool Child With Hearing Impairment. In M.E. Glasscock (ed.) Otolaryngological Clinics of North America, Vol. 8, No. 1, Feb. 1975, 159-186. Reprinted with permission of W.B. Saunders Co., Publishers. Philadelphia

In addition to the three primary research studies of "graduates" of the Minneapolis Infant/Preschool Program mentioned earlier (p. 8), 16 journal articles and monograph chapters and a curriculum guide were also generated during eight years of the UNISTAPS Project's existence. Four major efforts are:

- Northcott, W. H. Normalization of the preschool child with hearing impairment. In M. E. Glasscock (ed) Otolaryngologic Clinics of North America. Vol. 8(1), February, 1975, 159-186.
- . . . Mainstreaming the preliminary hearing impaired child, 0-6: practices, progress, problems. In G. W. Nix (ed) *Mainstream education of hearing impaired children and youth.* Grune and Stratton, New York. 1976, pp. 111-133.
- . . . Integrating the preliminary hearing impaired child: an examination of the process, product and rationale. In M.E. Guralnick (ed) *Early Intervention and the Integrationtion of Handicapped and Nonhandicapped Children.* University Park Press, Baltimore. Fall, 1977.
- Northcott, W. H. (ed) Curriculum Guide *Hearing Impaired Children – Birth to Three Years – and Their Parents.* Alexander Graham Bell Association for the Deaf. 3417 Volta Place, N.W., Washington, D.C. 20007. Revised, 1977. 291 pp. $8.50 prepaid.
  [Developed by the Minneapolis laboratory staff and Project Director]
  Original edition – 1972, 167 pp.

TABLE V
AVERAGE DECIBEL LOSS, ETIOLOGY, AGE OF ONSET, AND GRADE OF HEARING IMPAIRED CHILDREN INTEGRATED IN REGULAR CLASSES, 1973***

Pupils	Average Decibel Loss	Etiology	Onset	Grade
Boys				
1	48 dB PTA**	Rubella	Congenital	2
2	55 dB PTA	Unknown	Congenital	3
3	56 dB PTA	Jaundice	Congenital	3
4	61 dB PTA	Rubella	Congenital	2
5	63 dB PTA	Unknown	Congenital	2
6	63 dB PTA	Rubella	Congenital	3
7	75 dB PTA	Rubella	Congenital	3
*8	75 dB PTA	Familial	Congenital	2
9	76 dB PTA	Rubella	Congenital	2
*10	80 dB PTA	Rubella	Congenital	3
11	81 dB PTA	Premature Jaundice Cyanosis	Congenital	2
12	81 dB PTA	Rubella	Congenital	3
*13	88 dB PTA	Unknown	Congenital	2
14	88 dB PTA	Rubella	Congenital	2
15	33 dB PTA	Rubella	Congenital	3
16	96 dB PTA	Rubella	Congenital	1
17	101 dB PTA	Rubella	Congenital	2
*18	110 dB PTA	Unknown	Congenital	3
Girls				
19	55 dB PTA	Unknown	Congenital	1
20	75 dB PTA	Unknown	Congenital	3
*21	76 dB PTA	Premature	Congenital	3
*22	76 dB PTA	Rubella	Congenital	3
23	83 dB PTA	Erythroblastosis Fetalia	Congenital	1
*24	85 dB PTA	Rubella	Congenital	5
*25	85 dB PTA	Rubella	Congenital	3
26	91 dB PTA	Rubella	Congenital	1
27	98 dB PTA	Rubella	Congenital	3
*28	98 dB PTA	Rubella	Congenital	2
29	100 dB PTA	Rubella	Congenital	2
30	105 dB PTA	Rubella	Congenital	2
*31	110 dB PTA	Meningitis	13 months	3
*32	110 dB PTA	Unknown	Congenital	4

*These children comprise the 11 subjects of the longitudinal study (1972-1974): "Social Status of hearing impaired children in regular classes, Kennedy, P. and R.H. Bruininks. Exceptional Children, 40, 336-342

**Pure tone average.

***From: Kennedy, P, W. Northcott, R. McCauley and S.M. Williams. Longitudinal and Cross-Sectional Data on Mainstreaming Hearing Impaired Children: Implications for Preschool planning. Volta Review, 78, 71-82. Permission granted by: Alexander Graham Bell Assocation for the Deaf, Washington, D.C.

THE VISION COMPONENT: MINNEAPOLIS PUBLIC SCHOOLS 1973-1974

The enrollment of 14 visually impaired children during the 1973-1974 academic year, including six deaf-blind children and four with additional educationally handicapping conditions, enabled the Family Oriented Special Education Preschool Program to be identified as a direct service program for children with low incidence handicaps.

In the fall of 1974, four of these children had progressed sufficiently in self-help skills to be enrolled in the Minnesota Braille and Sight-Saving School. One child was enrolled in a regular nursery school and three in kindergarten classes. With the initiation of regional preschool educational services for deaf/blind children by the St. Paul Public Schools, subsequent inquiries were directed to that local education agency.

The following table highlights the diversity and complexity of programming individually for each child and family. The year's activities offered a kind of on-the-job training experience for the multidisciplinary staff in identifying a structural framework for planned and formal interagency interaction in subsequent years, when a noncategorical program for severely developmentally delayed children was developed and implemented as an integral part of the UNISTAPS Project.

WHITTIER INFANT/PRESCHOOL PROGRAM VISION COMPONENT (WIPP:VC)

Minneapolis Public Schools

(Laboratory: UNISTAPS Model Demonstration Project for Hearing Impaired Children, 0-4, and Their Parents. P.L. 91-230, Title VI, Part C, Section 623).

Level I Referrals
Level II Consultation to agencies
Level III Child also enrolled in another educational agency
Level IV Whittier Infant Program is only educational service: child/family

TABLE VI
SUMMARY OF HOME, NURSERY, AGENCY CONTACTS PER FAMILY

Family	Home	Nursery	Agency	Total Contacts
Level 1:				
52 completed referrals	55	3	118	176
Level 2:				
7 agencies			48	48
Level 3:				
A	37	19	23	79
B	10	7	19	36
C	29	42	11	82
D	5	28	11	44
Level 3 (Continued)				
E	26	36	50	112
F*	7	1	4	12
Total	114	133	118	366
Level 4:				
G	18		4	22
H	54		22	76
I*	4		6	10
J	29		26	55
K	54		10	64
L	58		47	105
Total	217		115	332

*Child enrolled during the last month of the school year.

TABLE VII
TABULATED SUMMARY OF SERVICES PROVIDED BY WIPP:VC

Services Provided	Number of Services at Each Level				
	Level 1	Level 2	Level 3	Level 4	Total
Children served/enrolled	71[a]	200	8	6	285
Families served (only of enrolled children)			6	6	12
Agencies served		7	3		10
Child programs written (only enrolled child.)			8	6	14
Family programs written (only child. enrolled)			6	6	12
Teacher programs written (only enrolled child.)			3		3
Average family contacts/ family	1		19	43	
Average agency contacts/ family	2		19	19	
Average nursery contacts/ family			24		
Agency staffings[b]		1	20	6	27
Medical appointments attended by WIPP:VC staff[b]			5	11	12
Occupational Therapist Consultations (does not include her work as case manager for child.)	19		9	8	36
Equipment/toy loans		5	43	53	101
Inservice Training: Topical Parent Programs					14
Workshop sessions for agencies					5
Preschool programs observed by WIPP:VC staff, not receiving WIPP:VC services					18

[a]52 of these referrals were completed by 6/1/74.
[b]These figures overlap with the number of agency and nursery contacts.

ROLE AND FUNCTIONS: MULTIDISCIPLINARY TEAM MEMBERS

Family Oriented
SPECIAL EDUCATION PRESCHOOL PROGRAM
Minneapolis Public Schools
830 2nd Street Northeast
Minneapolis, Minnesota 55413

SOCIAL WORKER

Anne R. Gearity

The social worker position in the Special Education Preschool Program is both unique and complex. The organizational skills traditionally presented by the staff social worker are used in this multidisciplinary team to facilitate service delivery by other staff members, through referral, assessment and consultation. It is the social worker who is primarily responsible for bringing each child into this service delivery system and assuring that, for each child, an individually prescribed program is developed which reflects that child's total needs. It is also the role of the social worker to facilitate the coordination contact with other schools, agencies, and community professionals to extend our multidisciplinary approach to a multi-agency approach, when appropriate.

In addition to the organizational services, the staff social worker provides intensive counseling services to families of children in our program. This direct service component of the role was developed in response to the expressed need of both parents and other staff members that families' emotional needs be addressed to help them meet their special child's needs, in turn.

I. Service Facilitation

A. Referral and Intake
   1. Identifying appropriate children for Special Education Preschool Program services, through direct contact with families, or community professionals, or through indirect consultative contact.
   2. Working with families, community professionals and agencies and school system personnel to follow the referral process for program services.
   3. Initially contacting families, through home visit, program office visit, or phone call, after referral has been received, to explain services.
   4. Preparing staff for assessment of each child through brief summary of child/family needs and provision of appropriate health/education records.

B. Assessment and Prescriptive Programming
   1. Coordinating assessment scheduling with family, staff and involved community professionals.
   2. Securing family/child history during interview with parents, and sharing that information with staff during assessment conferencing.
   3. Participating in staff discussions re: assessment findings, and coordinating the development of an individually prescriptive plan for each child and his family; identifying most appropriate case manager and assuring that the assessment findings are communicated to each family as soon as possible.
   4. Providing assessment and programming information to referring home schools, usually through the school social worker, and to any appropriate community professional.
   5. Participating in the on-going team assessment of enrolled children, and coordinating re-assessment of certain children, when requested.
   6. Participating in the transfer of children from the Special Education Preschool Program to appropriate school programs when necessary; substantive conferencing with receiving schools to assure continued prescriptive programming for each child.

C. Consultative/Supportive Services to Staff
   1. Providing assistance to case managers/staff when appropriate regarding family work, communication with community professionals, coordination of multi-agency involvement, the securing of needed outside resources (financial assistance, public health involvement, etc.).
   2. Being available for consultative requests regarding and individual child/family as well as providing vice (negative feelings towards a family, the impact of staff member's pregnancy on parents, etc.).

D. Consultative/Support Services to Community Agencies/Schools
   1. Being available for consultative requests regarding an individual child/family as well as providing information/advice to community professionals and home school staff regarding the needs of preschool children and their families.

E. Advocacy
   1. Through involvement with families during assessment, and in an on-going capacity serving as child advocate for parents and children's rights to appropriate services within the Special Education Preschool Program, or the larger school system.
   2. Acting as a family advocate within the larger community, to assure the delivery of services to families in need.

F. Program Involvement
   1. Coordinating the program's core committee, which facilitates referrals and discusses policy matters regarding children to be enrolled within the program.

2. Working closely with the coordinator of the Special Education Preschool Program regarding administrative issues which directly impact on service delivery.

II. Service Delivery

A. Family Counseling

1. Developing a clear understanding of the impact of each child's handicap on the family – and the family dynamics which contribute to that handicapping condition – through family history, observation, discussion with family and other involved staff.
2. Integrating understanding of family issues to the child's programming; when appropriate, presenting observational data regarding the family and psychiatric consultation, and actively participating in the development of a treatment plan for child/family.
3. Counseling parents regarding their child's unique needs and their response to these needs – usually in conjunction with another staff member.
4. Facilitating weekly groups for mothers of handicapped children, providing them with an opportunity for support, guidance and increased sensitivity to themselves and their children.
5. Offering individual 1:1 counseling for parents who need additional support and guidance to deal with their child's special needs, or the needs of the family constellations.
6. When appropriate, identifying appropriate counseling resources in the community for parents – and assisting them in seeking help from these resources.

SPEECH AND LANGUAGE CLINICIAN

Marla Frank

Speech and Language Clinician Role

To utilize knowledge and expertise about speech and language development and speech and language disorders as a member of an inter-disciplinary team, to work with preschool communication delayed children and their families.

Speech and Language Clinician Responsibilities

Assessment

1. Carry out appropriate assessment-observation and individualized testing for all new enrollees in the program.
2. Speech and language assessment at the beginning of the year for all multihandicapped children previously enrolled for direct or indirect speech and language service.
3. Speech and language assessment for any child referred by his/her case manager.
4. Interpret assessment process and results to staff and to family if appropriate.
5. Prepare final assessment report to be given to case manager (copy in speech clinician's file and to other agencies as determined by case manager).
6. Attend and participate in post-assessment conference.
7. Conduct continued assessment during the year for any child in the program, when appropriate.
8. End of the year assessment for all multihandicapped youngsters leaving the program.

Service: Direct

1. Provision of service and/or arrangement of service:
   a. direct service to child.
   b. direct service to parent/child.
   c. consultation to nursery school staff to discuss speech and language therapy objectives for specific children and needs that could be met by the nursery school staff.
   d. consultation to outside agencies (i.e., neighborhood nursery schools) regarding children enrolled in direct speech and language therapy.
   e. diagnostic therapy.
2. Availability to any staff member for formal speech and language evaluation or consultation.
3. Direct service to children and parents in sensory-motor nursery, in conjunction with Physical Therapist.
4. Attendance at evening and Saturday parent meetings.
5. Assist in determining appropriate options for transfer of a student, attend conferences, assist child/family.

Service: Indirect

1. Consultation to other agencies; evaluation and/or consultation for possible referral to program for assessment of non-enrolled children.
2. Participation in inservice to other agencies, preschool staff and families.
3. Help plan and participate in workshops and programs sponsored by the Special Education Preschool Program.
4. Involvement in parent family meetings and workshops as determined by need or interest.
5. Attend weekly staff meetings.
6. Continue education through attendance at inservice meetings, workshops, conferences.

FAMILY ADVISOR/TEACHER

Patricia Kennedy

The role of the Family Advisor/Teacher is to:

1. Design the individual educational programs for the child and his family.
2. Be concerned with the whole child:
   a. social/emotional needs.
   b. intellectual abilities.
   c. relationship between family and child.
   d. functional use of residual hearing/amplification.
   e. language development.

3. Make provision for assessment and prescription on the basis of individual need using the multidisciplinary team.
4. Make provision for on-going evaluation with appropriate modification in programs.
5. Write objectives jointly with parents in three-month segments.
6. Develop competent, confident parents who will provide appropriate climate for emotional, auditory and language growth at home.
7. Help families choose a community nursery (if appropriate), or special setting; provide support to teachers and monitor child's progress in this setting.
8. Plan and teach self-contained nurseries for children with special needs, i.e., special nursery: hearing impaired; kindergarten readiness or prescriptive nurseries.
9. Keep audiologists, special education directors, social workers, pediatricians, psychologists, neurologists, etc., up to date on child and family through periodic written reports and/or telephone calls with copies of reports sent to parents.
10. Provide for transfer of children through a staffing with receiving personnel, site visits, final reports and recommendations of preschool team.
11. Attend all staff meetings.
12. Write curriculum.
13. Obtain additional training either through professional growth courses or in-service training.
14. Share knowledge and skills with other program personnel either through workshops, parent meetings, or conventions.
15. Design research projects.
16. Contribute papers to professional conventions.

FAMILY ADVISOR/TEACHER: CHILDREN'S NURSERY

Marjorie Roth and Vicky Ruppenthal

1. Planning and implementing treatment for 8 to 10 emotionally disturbed preschool children in the group setting of a therapeutic nursery school.
2. Conducting individual play therapy for emotionally disturbed children.
3. Presenting observational data at psychiatric consultation.
4. Writing individualized treatment plans for children and keeping observational records.
5. Acting as a co-therapist with program social worker in providing therapy and parent guidance for parents of emotionally disturbed children.
6. Acting as an advocate for parents with other agencies.
7. Monitoring progress of emotionally disturbed children placed in community nursery schools and providing consultation to the teachers.
8. Assessment of emotional/social development of children referred to the program.
9. Consultation to other staff members on emotional social development of children with other primary handicapping conditions.

FAMILY EDUCATION ADVISOR

Shirley A. Fowler

This position involves coordinating the plans for family programming with staff and parents to enable optimum development of families and their preschool child with special needs. Intervention, involving direct and indirect services, consists of educational input and counseling via group and individual sessions, assessment and active participation with families, their preschool child and other involved agencies.

I. Coordinating Family Programming

A. Families and Staff
   1. Receive input from parents and staff in assessing needs for programming.
   2. Assist in specifying/clarifying objectives regarding intervention/activities.
   3. Enable the carrying out of the intervention activities.
   4. Facilitate the evaluation process of families participation in various large group program activities.

II. Counseling/Guidance

A. Group Work
   1. Weekly Thursday morning parent group (primarily parents of hearing impaired children).
   2. Weekly Prescriptive Nursery parent group.
   3. Provide an enabling atmosphere for above group members to function toward a healthy individual and group movement which includes a process of information seeking, sharing of feelings and attitudes, and generalization.
   4. Plan and present appropriate educational series as parental needs are expressed. Two series provided this past year in the Thursday morning group were:
      a. Parent Training Program (5 week series). Content concerned the basics of the dominant four popular parent training courses being offered to parents today.
      b. Understanding Early Childhood Series (5 week series). Content centered on the development of feelings in children and need for adults to respect child's feelings and opinions.

B. Individual/Family (through home visits or center-based sessions).
   1. Focus on inter-personal family relationships as they relate to individual parent, marital dyad, parent-child.
   2. Secure appropriate counseling resources for families when needed.

III. Assessment/Evaluation

1. Secure family history information during an interview with new parents during the assessment process. (Family history form is utilized.)
2. Attend post-assessment conference and share parental data via the Family History form with staff.
3. Transfer and condense family information to assessment work sheet for case manager's summary following assessment.
4. Monitor the staff's usage of the Minnesota Child Development Inventory with parents:
   a. Graph results of MCDI on profile sheets and place in child's file.
   b. Interpret results to parents at case manager's request.
   c. Discuss results with individual staff members at their request.
   d. Write an overall report on MCDI results at case manager's request.
5. Assess and re-assess individual children as to cognitive style of learning and abilities via observation and formal assessment materials.
6. Write evaluation reports regarding results of testing for appropriate personnel, agencies, etc.
7. Evaluate the parent's response to group meetings regarding content and value via the Inservice Evaluation Form.

IV. Case Managership

1. Write an Assessment Summary following staff assessment of child.
2. Share assessment information with family.
3. Plan with parents and help facilitate individual prescriptive program.
4. Locate and facilitate enrollment in the additional services needed for child (nursery, day care placement, etc.)
5. Send written assessment results, prescriptive program plans and other information to parents and appropriate personnel involved.
6. Monitor child's placement in our own or other educational setting.
7. Establish educational objectives (and revise when appropriate) with educational placement staff.
8. Re-evaluate child and set conference times with parents and staff as needed and appropriate.
9. Provide consultation/support to other settings and placements.

V. Program Participation

1. Attend weekly staff meetings, inservice sessions, and family sessions.
2. Prepare individual objectives and share with Program Coordinator for discussion at least twice a year.
3. Have on-going communication (informally and designated times) with Program Coordinator and staff members.
4. Present inservice sessions for other programs, agencies.
5. Provide consultative services to local, state and national preschool special service programs in areas of child development and parent programming.

PHYSICAL THERAPIST

Dona Heiman

Physical Therapist Role

To utilize the specialized knowledge and expertise from the field of physical therapy as part of an interdisciplinary team in an education setting, to work with preschool children having multicategorical disabilities and their families. Primary involvement will be in assessment and determination of physical therapy objectives, which will be part of the total individualized program for the child and his family. These are usually to be carried out by the family, teacher and/or outside agency staff, when applicable, with the physical therapist monitoring. Occasionally the therapist will be involved in on-going direct therapy on a homebound or on-site visit basis.

Secondary involvement is in acting as consultant to outside agencies, assisting in evaluation and program planning for that agency's children, and in providing in-service training on relevant topics.

Physical Therapist Responsibilities

Intake Process:

1. Attend core committee meeting (rotating).

Assessment:

1. Carry out appropriate assessment.
2. Interpret assessment process and results to family.
3. Prepare written report to be given to case manager (copy in P.T. file, to family, and to other agency as determined by case manager).
4. Attend and participate in post-assessment conference.

Service: Direct

1. Develop individual objectives based on assessment findings.
2. Provision of service and/or arrangement for service.
   a. On-going involvement with the family, teacher, and/or other agency (if involved) in designing and carrying out therapy program.
3. Re-assessment of child's status.
   a. On-going formal and informal assessment, with revision of individual objectives.
4. Participate in conferences pertaining to child/family (interpret service, child's status, to family).
5. Support to other service settings.

6. Consultation to preschool staff.
7. On-going communication with case manager.
8. Act as case manager when determined appropriate due to the primary needs of the child.

Service: Indirect

1. Consultation to other agencies.
   Evaluation of, and assistance in program planning for non-enrolled child.
2. Participation in in-service for families, preschool staff, and to other agencies.
3. On-going communication with program coordinator.
4. Involvement in parent/family meetings and workshops as determined by need and/or interest.
5. Help plan and participate in workshops and programs sponsored by S.E.P.P.
6. Be available for informal meetings with preschool staff, families, and/or other agency staff as the need arises.
7. Attend weekly staff meetings.
8. Continue education through attendance at in-services, workshops, conferences and courses as they apply to interests and responsibilities.

Transfer Process:

1. Assist in determining appropriate options.
2. Attend conference as appropriate.
3. Prepare transfer report to be given to case manager for distribution.
4. Assist in preparing child, family, receiving school for transfer.

OCCUPATIONAL THERAPIST

Ruby K. Starr

Definition of Occupational Therapy as it Relates to Children

It is the art and science of directing a child's participation in selected tasks to restore, reinforce and enhance performance, facilitate learning of those skills and functions essential for adaptation and productivity, diminish or correct pathology, and to promote and maintain health. Its fundamental concern is the development and maintenance of the capacity to perform with satisfaction to self and others those tasks and roles essential to the mastery of self and the environment.

Because of this primary focus, the occupational therapist is concerned with those factors, within the child and his environment, which serve as barriers or impediments to the child's ability to function, as well as those factors which promote, influence, or enhance performance.

The occupational therapist provides service to those children whose abilities to perform or cope with tasks of living are threatened or impaired by developmental deficits, physical injury or illness, psychologic and social disability or poverty and cultural differences.

Reference to "occupation" in the title is in the context of man's (child's) goal directed use of time, energy, interest and attention.

Responsibilities of the Occupational Therapist

Intake:

1. Attend core committee meetings (on a rotating basis).

Assessment:

1. Assessment of the child's functional status.
   a. Physical assessment – gross check of total body, in-depth check of the upper extremities.
   b. Development assessment – detection of the presence and degree of immature reflex integration and developmental lags.
   c. Sensory-integration assessment – identification of perceptual deficits.
2. Interpretation and reporting (verbal and written) of findings to appropriate individual.
3. Formulation of recommendations for intervention program.
4. Attend post-assessment conference.
5. Interpretation of assessment results and recommendations to family/agency as requested.

Service: Direct

1. Develop individual objectives based on assessment findings.
2. Provision of service and/or arrangement for service.
   a. On-going involvement with the family, teacher, and/or other agency (if involved) in designing and carrying out therapy program.
3. Re-assessment of child's status.
   a. On-going formal and informal assessment, with revision of individual objectives.
4. Participate in conferences pertaining to child/family (interpret service, child's status, to family).
5. Support to other service settings.
6. Consultation to preschool staff.
7. On-going communication with case manager.
8. Act as case manager when determined appropriate due to the primary needs of the child.

Service: Indirect

1. Consultation to other agencies.
   a. Evaluation of, and assistance in, program planning for non-enrolled children.
2. Participation in inservice for families, preschool staff, and to other agencies.
3. On-going communication with program coordinator.
4. Involvement in parent/family meetings and workshops as determined by need and/or interest.
5. Help plan and participate in workshops and programs sponsored by S.E.P.P.
6. Be available for informal meetings with preschool staff, families, and/or other agency staff as the need arises.

7. Attend weekly staff meetings.
8. Continue education through attendance at inservices, workshops, conferences and courses as they apply to interests and responsibilities.

Transfer Process:

1. Assist in determining appropriate options (rotating).
2. Attend conference when appropriate.
3. Prepare transfer report to be given to case manager for distribution.
4. Assist in preparing child, family, receiving school for transfer (rotating).

STAFF DEVELOPMENT

Lou Erickson

Staff development is an important element in providing individual staff team members with opportunities for continued learning and growth. This is particularly so when a program expands from serving one disability area to one serving all disability aras. In addition it has become necessary for staff to expand their skills so that their involvement with children outside of their generic or experiential areas be meaningful and relatively comfortable.

A variety of opportunities have been available and encouraged for continued learning. These opportunities have included:

- Attendance at and participation in workshops, conferences, conventions, seminars.
- Course work.
- Consultation with others, either on an individual or a group basis.
- Inservice/professional development

Staff inservice needs, as opposed to individual inservice needs, are identified at the beginning of each year. A portion of one of the early fall staff meetings is devoted to staff, as a group not only identifying inservicing needs, but also then prioritizing the list. It has been evident that staff involvement in this process assures a greater committment and receptiveness than otherwise would be the case.

During th three years since the expansion into a non-categorical program serving all handicaps, inservice needs have progressed from those being specific to disabilities to those that are more general in nature. This trend may reflect: (1) an increased comfort on the part of staff; and/or (2) a felt need to view each child/family from a more broadened perspective.

Staff inservices that have been provided can be categorized as follows:

- Disability specific.
- General early childhood.
- Normal expectations vs. deviancy vs. dysfunction.
- Practical issues that enhance programming.

EVALUATION: 1975-1976

The Family Oriented
SPECIAL EDUCATION PRESCHOOL PROGRAM
Minneapolis Public Schools

Accountability is a popular word today, but its formal reality was generated for members of the Minneapolis preschool staff and UNISTAPS Project Director by Dr. Robert Bruininks, current Chairman of the Department of Special Education, University of Minnesota, in his catalytic role as Project Evaluation Coordinator, 1971-1974. Dr. Bruininks was then a member of the faculty of the Department of Special Education and later on leave of absence to assume the position of Executive Director, Developmental Disabilities Council, State Planning Agency. Note to readers: Look for outstanding personal, professional and conceptual skills combined in one individual, as we did, in order that staff members feel comfortable in their early inadequacy and to assure that measurable objectives relate to the unique priorities, values and stated goals of the program populations being examined.

We found those combined talents in Dr. Bruininks and again in Dr. Nancy Short, currently employed as Assistant Director of Special Education in Eau Claire Public Schools, Wisconsin. Dr. Short served as Evaluation Coordinator, 1974-1976.

PURPOSE AND DESIGN OF THE EVALUATION

Nancy Short

Purpose

The primary purpose of educational evaluation is to provide decision makers with useful information, enabling them to make more intelligent judgments between decision alternatives. This involves identifying that information perceived as being critical to the decision-making process, securing relevant data, and providing an alalysis and interpretation of that data.

An integral part of the administration of the Family Oriented Special Education Preschool Program is a continuing effort to evaluate the effectiveness of the program. Information obtained through program evaluation provides the UNISTAPS Project Director and Preschool Program staff with feedback regarding the value of the total program development. While the evaluation plan is designed to meet the needs of these specific persons, it is also anticipated that this report will prove beneficial to other administrators who wish to replicate the program either in part or in its entirety.

The major purposes of the evaluation for 1975-1976, as established by staff and the evaluation coordinator, may be summarized as follows:

1. To describe the Family Oriented Special Education Preschool Program, its services and its operational processes.
2. To describe the characteristics of children served by the program.
3. To determine the effectiveness of direct and indirect service provided to children and families enrolled in the project.
4. To determine the perceived value of specific aspects of the program to parents, teachers and other related agencies.
5. To assess the development of improved inter-agency communication and coordination of services for children participating in the program.
6. To assess the strengths and weaknesses of the total program, including operational procedures and other intra-program activities.
7. To recommend ways in which the program could improve its operations and its services.

The 1975-1976 Evaluation Design

The evaluation design for 1975-76 was actually an extension of the plan adopted for 1974-75. Changes in the new plan reflected recommendations made in the 1974-75 evaluation report and other programmatic changes which occurred as a result of further project development.

Development of the new plan, including the delineation of program objectives, the identification/creation of appropriate instrumentation, and the designation of data collection procedures, was accomplished through the cooperative efforts of program staff and the evaluation coordinator. The purpose of having staff actively involved in all aspects of the evaluation was to create a plan which was responsive to specific staff needs and to provide staff with sufficient training and experience to enable them to continue evaluating their program when budget restrictions are such that it is no longer feasible to employ an external evaluator.

Although the program is now in its seventh year of operation, it continues to be a truly dynamic program, modifying old services and adopting new ones as changing population needs dictate. This necessitated the development of an evaluation design which addressed formative (process) as well as summative (product) outcomes.

Because the Preschool Program continues to serve an extremely diverse population, i.e., it serves all severely handicapped children between birth and four/five years, staff again adopted a set of program objectives which are specific in terms of anticipated outcomes, yet more generic in terms of the population they address. Thus objectives are not disability-specific, rather, they may be applied to all children and families served by the program.

A modified discrepancy evaluation model was selected to assess attainment of project objects rather than an experimental or quasi-experimental design for several reasons. First, since the program is continually changing to meet shifting population needs, it is not practical to employ an experimental research design as the constantly increasing number of variables would make interpretation of obtained results extremely difficult, if not impossible.

Due to the nature of the special population which the program serves, staff have experienced much frustration in trying to locate appropriate standardized assessment instruments which can be used in testing all children served by the program. Instruments that are currently available are: (1) invalid for use with Preschool Program children because they were not normed on a handicapped population; (2) invalid for use with the total program population because they were standardized on a population with only one specific disability; or (3) inappropriate for use with the more severely handicapped youngsters in the program because the steps between skill levels are so great that it is impossible to measure the small increments these children make. Case studies of four children served by the program during the past year serve to illustrate the vast diversity that exists between individual children, resulting in the existing dilemma over selection of assessment instruments.

The third reason for not adopting an experimental or quasi-experimental design is that it is generally considered unethical to withhold educational services, either in full or in part, when such withholding might prove detrimental to the child. Usually evaluation models which wmploy an experimental design include one group, the control group, which receives no treatment.

Under the discrepancy evaluation model, evaluation is simultaneously seen as a way of assessing a program and as a way of improving it. According to Provus[1], this approach to evaluation involves: (1) defining program standards; (2) comparing outcomes to standards to determine whether a discrepancy exists; and (3) using discrepancy information to identify program weaknesses and, subsequently, to make changes.[1]

The evaluation plan for the Family Oriented Special Education Preschool Program was designed primarily to assess the extent to which children, families, and the program achieved specified standards. Attainment of project objectives was determined by comparing obtained results against standards delineated in each objective.

With the assistance of the evaluation coordinator, staff developed objectives in all areas of program operation. These have been classified into five major areas – clinical assessment, child development, parent/family education, inter-agency communication and coordination, and management.

Clinical assessment objectives include activities undertaken by program staff during the initial phase of a child's enrollment in the program. Objectives in this area refer primarily to process activities and include assessment by the multidisciplinary team, individual program planning and conferencing with appropriate school/agency personnel.

Child development objectives directly relate to the child's progress in the program as evidenced by his attainment of individual behavioral objectives, integration into a neighborhood nursery school program, and integration into regular elementary school programs upon reaching mandatory school age. Because the population of the Preschool Program has become much more diverse and many of the youngsters now served are severely handicapped, staff felt it was inappropriate to include child development objectives which relied on the use of standardized test instruments to measure pupil progress. While such instruments may be used to assess the child's developmental level, they are not sensitive enough to measure small increments bade by the more disabled children. Therefore it was decided that the objective adopted to assess program impact on child development should be based on achievement of individual behavioral objectives which were written to reflect individual child needs.

Parent/Family education objectives were essentially concerned with the development of parent/family skills in dealing more effectively with the handicapped child. Attempts were made to measure various aspects of parent/guardian involvement and participation in program activities, the impact of the program on parent/family learning, and parent/family opinions of the value of the activities which they participated in.

Coordination with other community agencies continues to be a primary focal point of program efforts. The *inter-agency coordination and communication objectives* were formulated to assess program effectiveness in this area. Specific objectives addressed to this include providing feedback to referring agencies, providing support to neighborhood/special nursery school teachers, and assessing the perceived effectiveness of inservice programs conducted by Preschool Program staff.

The *management objectives* relate to a number of process evaluation activities involving various aspects of the Special Education Preschool Program. These objectives include a description of the characteristics of children served, an analysis of program services used, an analysis of service component costs, and assessment of specific operational processes. Perhaps the most important objective added to the management objectives this year is the development of a program user/adopter book which should prove extremely beneficial to anyone wishing to adapt or replicate the Preschool Program.

Data Collection

Instrumentation, data collection procedures, and a schedule for data collection were determined at the time that the evaluation design was developed.

Selecting appropriate instrumentation was a major concern of staff. For the vast majority of objectives it was necessary to develop appropriate data collection instruments. Question-

[1] Provus, M. Discrepancy evaluation for educational program improvement and assessment. Berkeley, Calif.: McCutchin Publishing Corp., 1971.

naires were designed to elicit evaluation responses of parents/families, nursery school teachers, cooperating agencies, and inservice participants. Special forms were designed to gather program management information. A format was developed to guide staff and parent observations of neighborhood/special nursery school programs.

The Child Identification Form was used extensively in collecting data relating to process objectives. The person serving as Case Manager for a child assumed responsibility for completing a Child Identification Form for that child. The form contained information regarding background information about the child and his family, development of the individual prescriptive program, notification of school/agency personnel, neighborhood/special nursery program involvement, achievement of behavioral objectives, future educational placement of the child, and nature and number of services rendered to child, family and related agencies.

A description of the specific procedure used to collect data for each objective has been included with the evaluation results reported on the following pages. A copy of each data collection instrument can be found in the appendices.

Limitations of the Evaluation

The 1975-76 evaluation was designed for the express purpose of assisting staff in making decisions about the overall program, specific program services and activities, and operational policies and processes. The purpose thus defined places limitations on the use of evaluation findings.

The evaluation plan is not a comparative investigation to demonstrate the efficacy of one program over another. Rather, it takes an indepth look at specific variables related to the Preschool Program. Obtained evaluation results may be affected by factors, or combinations of factors, which are unique to the Preschool Program. Therefore caution should be used in generalizing from results presented to other programs or children. The reader is also cautioned against drawing conclusions about program efficacy based on comparisons made between evaluation results of one program and evaluation results of other programs. Sound experimental design with proper control of variables should be implemented before any conclusive statements should be made.

A final limitation of which the reader should be aware relates to the scope of the Minneapolis evaluation report. Data is reported to reflect the "typical" or "average" response in such a way as to characterize the status of the program with regard to variables of interest. In no case is the individual child/family, nursery school teacher, or inservice participant discussed.

Assessment Instruments Used by Preschool Program Staff

Peabody Picture Vocabulary Test
Gesell Development Schedules
Bayley Scales of Infant Development
Phoneme-Vocabulary-Listening Test (P.V.L.)
Merrill-Palmer Scale of Mental Tests
Houston Test for Language Development
Verbal Language Development Scale
Utah Test of Language Development
Boehm Test of Basic Concepts
Cognitive Skill Assessment Battery
Goodenough Harris Drawing Test
Test for Gross Motor and Reflex Development
McCarthy Scale of Children's Abilities

SUMMARY AND RECOMMENDATIONS

[Excerpt, 1975-76 Evaluation Report]
Minneapolis Public Schools

Summary

Based on all available information, it is reasonable to conclude that the Family Oriented Special Education Preschool Program has been generally successful in achieving its objectives in serving young severely disabled children and their families. Although the program is now in its seventh year of operation, it continues to be a truly dynamic program, modifying old services and adopting new ones in an effort to meet the changing needs of the population it serves. Program staff are to be commended for the many accomplishments they have achieved this year, as evidenced by the results discussed in this evaluation report and in the summary of results presented below.

(1) Evaluation of the six clinical assessment objectives, which dealt primarily with operational processes and policies, revealed that the program was generally successful in achieving its goals. Question was raised regarding the appropriateness of two of these objectives for all Preschool Program youngsters. One dealt with the use of the *Developmental Assessment Schema* as a standard assessment instrument to measure the developmental level of each child enrolled in the program. Shortly after the objective was adopted staff concluded that the instrument was not comprehensive enough to provide useful information on all children. The second objective deemed to be inappropriate for many children stated that each child would be videotaped at least once during the year. Changes in program population raised questions regarding the efficacy of the use of this particular assessment technique with all Preschool Program children.

(2) The six *child development objectives* were directly related to the child's progress in the program as evidenced by his attainment of individual behavioral objectives, integration into a neighborhood nursery school program, and integration into regular elementary school programs upon reaching mandatory school age. Results indicated that the program attained established goals at a high level of proficiency.

A follow-up study conducted on all children who have "graduated" from the Special Education Preschool Program since 1969 revealed that 46 percent of all children for whom questionnaires were returned are currently functioning in a regular classroom where the child is integrated for at least half of the school day. An additional 15 percent are integrated into mainstream educational programs for some portion of

the day. On the whole parents of "graduates" expressed satisfaction with their child's current educational progress.

(3) The *parent/family education objectives* were essentially concerned with the development of parent/family skills in relating to and dealing more effectively with the handicapped child. These sixteen objectives attempted to measure various aspects of parent/guardian involvement and participation in program activities, the impact of the program on parent/family learning, and parent/family opinions of the value of the activities they participated in. After reviewing the evaluation data, it was concluded that the program successfully attained the majority of those objectives included in parent/family education. Again question was raised as to the appropriateness of two objectives for use with all children. Both objectives referred to parent completion of the *Minnesota Child Development Inventory*.

The program fell considerably short of achieving its goal to establish a contract with each parent/family participating in the program. Lack of consistency in the procedures used to establish Preschool Program – family contracts was viewed as a potential source for future problems.

The program also experienced difficulty in attaining the stipulated 80 percent level of criterion for the percentage of participants attending Evening Parent Meetings who would assign good/excellent ratings to specific content covered in each session. Possible explanations for lack of objective achievement include the use of evaluation questions which did not accurately reflect presentation content and/or inadequate coverage of content areas by the speaker.

In late May an evaluation questionnaire was sent out to 60 of the 81 families enrolled in the program this year to assess their perceived value of the overall program and its specific service components. Responses indicated that parents felt very positive about the program and they gave highly favorable ratings to those services they had received.

(4) Six *inter-agecncy coordination and communication objectives* were established to assess the effectiveness of Preschool Program efforts to achieve greater coordination with other community agencies. It was difficult to fully evaluate one of these objectives due to lack of agency response to the evaluation questionnaire on consultant services to other agencies. However, in general the program achieved, or came close to achieving, all of these objectives.

(5) The *management objectives* related to a number of process evaluation activities involving various aspects of the Special Education Preschool Program. These seven objectives included describing the characteristics of children served, analyzing the use of program services, analyzing the costs of various program activities and service components, assessing the impact of staff inservice programs on staff development, and developing a program user/adopter book. All of these objectives were achieved with the exception of one objective which addressed development of staff skills as a result of inservice programs to staff. Although 10 staff inservice training programs were conducted during the year, none were assessed on a pre-test-post-test basis as stipulated in the objective.

While the nature of the evaluation design employed does not allow one to draw conclusions regarding impact of program on a longitudinal basis, it appears that a decided positive impact has been made, as evidenced from comments made by parents responding to the follow-up questionnaire on Preschool Program "graduates" and from a letter of commendation written by the Coordinator of Hearing Impaired Programs at Lyndale Elementary School. The letter describes several changes that have been observed in the hearing impaired population entering the Lyndale program since the Preschool Program was initiated. The Coordinator reports that it is now possible to present in the nursery that which was previously reserved for curriculum content in the Lyndale kindergarten program. Now when children are received into the Lyndale program, they are ready to work in groups immediately and at a more advanced level.

Recommendations

Six basic recommendations have emerged from the 1975-76 evaluation of the Family Oriented Special Education Preschool Program. In addition, specific recommendations have been presented throughout the evaluation report. It is felt that these recommendations should be given serious consideration in planning evaluation activities for 1976-77 and beyond to insure the maintenance of program quality through systematic assessment of program processes and outcomes.

Recommendation I:

> *The Developmental Assessment Schema (DAS) should be revised so that it will be appropriate for use with all children enrolled in the Special Education Preschool Program.*

Staff have already designated a writing team whose responsibility is to revise and expand the present DAS. This past spring the team devoted many hours critiquing the old DAS form to determine what revisions were needed, reviewing other assessment instruments to gain new ideas, and exploring various formats for skill presentation and recording assessment observations. The team plans to resume its eforts this fall and hopes to pilot the revised instrument during the 1976-77 school year.

The use of a standard instrument to assess each child's level of development should facilitate communication within the program and with other agencies. It is anticipated that the use of an instrument such as the DAS will enable staff to more objectively evaluate program impact on individual children.

Recommendation II:

> *A specific form or set of procedures should be developed to establish contracts between the Preschool Program and neighborhood/special nursery schools serving Preschool Program children.*

The use of several different means to establish agreements with neighborhood/special nursery schools regarding appropriate educational goals for Preschool Program children could lead to confusion about what both programs have actually agreed upon. End-of-year evaluations from nursery school

teachers expressed a desire for some written communication from Preschool Program staff regarding individual child goals. Use of a contract form would provide for this need and help prevent potential communication problems between Preschool Program and neighborhood/special nursery school.

Recommendation III:

A written contract stipulating the parent's responsibilities as a participant in the Special Education Preschool Program should be established with each family enrolled in the program.

Since the Preschool Program's approach to early childhood education is based on the premise that the parent is the child's first and foremost teacher, it is essential that the parent assumes an active role in providing the child's education. A written contract insures that parents are actively involved in planning the child's/family's individual program. It enables parents to know what the goals of the program are for child and family and provides some idea as to how parents can contribute to the fulfillment of those goals.

Recommendation IV:

Staff should re-evaluate the appropriateness of using the Minnesota Child Development Inventory as a standard assessment instrument with all Preschool Program children.

For the past two years staff have been required to use the *Minnesota Child Development Inventory* with each child enrolled in the program. This year staff reported that it was inappropriate to administer this survey to 30 percent of all children during the initial assessment period and inappropriate to use with over half of the children during end-of-year assessment. Given the significant number of children for whom use of this instrument was deemed to be inappropriate, staff should review the instrument and reconsider the rationale for using this tool with all children or they should define the population with whom the use of this instrument would be appropriate.

Recommendation V:

The Family Education Coordinator should review content areas to be covered by each guest speaker at the Evening Parent Meetings along with specific questions to be included in the evaluation questionnaire prior to each meeting.

The program fell considerably short of achieving the stated criterion for participant evaluation of specific content presented at the Evening Parent Meetings. A review of program content and evaluation questions with the guest speaker prior to the session would help insure that evaluation questions accurately reflect proposed session content and that the speaker is aware of what program expectations are in terms of presentation subject matter.

Recommendation VI:

A means by which to systematically measure change in study knowledge and/or competencies as a result of staff development inservice programs should be developed and utilized on a consistent basis.

Although it was the intention of staff to employ a means by which to assess increase in staff knowledge/competencies as a result of staff development inservices, there was little follow through in actualizing the objective. If continued staff development is truly viewed as an important aspect of overall program development, it is strongly recommended that some measure be employed to assess the impact that inservice programs have on increasing staff knowledge and competencies. It is further recommended that objective pre-tests and post-tests be utilized to secure this information since an instrument of this nature would require relatively little time to develop and administer and should generate objective and meaningful information regarding the effectiveness of each inservice program.

DISSEMINATION, MATERIALS AND OUTREACH/TRAINING

Winifred H. Northcott

From its conception, the stated objective of the UNISTAPS Project, with the Minnesota Department of Education as grantee, has been to provide a state level training program (stimulatory and participatory) and give technical assistance to key personnel in Minnesota who serve preschool handicapped children: professionals and paraprofessionals, parents and allied resource specialists in health, education and welfare. This has been actively recruited through workshops, seminars, conferences, special study institutes; consultative services; advisory committee participation. To reach new audiences (medical profession; general educators; general public) certain topics have been developed through initiated action from the Special Education Section of the Minnesota Department of Education in special study institutes; others have been addressed to in response to invitation from other agencies, in the expectation they will be added to the list of available and supportive community resources for preschool handicapped children and their families.

Special Study Institutes

At least one S.S.I. and generally two have been held each year. The topic, and its development, has been generated at meetings of an ad hoc Advisory Committee or through a formal needs assessment questionnaire sent to a target population (e.g., Directors of Special Education in Minnesota). The general classification of subjects mirrors the gradual movement away from orientation to a single population (deaf) or disability, to focus on systems management, procedures and techniques and assessment schema applicable to most preschool children who are severely handicapped, regardless of etiology.

The major classifications of audience have been – in mixed and homogeneous groups – directors of special education; general school administrators; public school and community coordinators of preschool programs for the handicapped (Title I, IV-C, VI-B, C.Q.E.); Head Start mediators; teacher educators, support specialists (e.g., coordinators, speech and language programs); representatives at policy-making level in the fields of psychology; early childhood education; social work; pediatric nursing; child psychology.

Major Classifications-Topics-Special Study Institutes, 1969-1977

- The Hearing Impaired Child and his Family
  - Parent conferences
  - Techniques, materials, demonstration
  - Integration in regular nursery school/day care, Head Start programs (for general educators)
- The Deaf/Blind Child: at home and in the community
  - Parent conference
  - Educator conference
- Early intervention: children with handicaps, 0-4/5
  - Alternative assessment strategies
  - Administration/management systems; preschool/handicapped
- Coordination of interagency service to pre-kindergarten children
  - Screening, identification, diagnosis, referral to LEA.
  - Interagency coordination in program and services

Special Training Relationships

Project staff has enjoyed participation in joint training efforts initiated by the UNISTAPS Project and partially funded by BEH, with major institutions of higher education in Minnesota. The dynamics of planning and implementation of coordinated efforts have been rewarding, indeed, to the Project staff. Major co-sponsored activities include:

Seminar: University of Minnesota: Department of Communication Disorders

1969

- The preschool hearing impaired child and his family.

1971

- Developing communication skills in the preprimary hearing impaired child.
- Practicum: 6 weeks.

Workshop and Conferences: Center for Early Ed and Development, University of Minnesota

1975

- Integrating children with special needs: Workshop

1975 and 1976

- Minnesota Round Table Conference in Early Childhood Education, III and IV (including Children with Special Needs).

Workshops: Mankato State University. The Children's House

1975

- Early Identification of the Child with Special Needs . . . Then What?
- Developing Communication Skills (Head Start).

State Office of Economic Opportunity: OCD/BEH Collaborative Project

1974

- Head Start Spring Mediators Workshop: "Transition of Special Needs Children from Head Start to the public schools.

Head Start/UNISTAPS Collaborative Project

During the 1973-1975 period, the UNISTAPS Project was funded to interact formally with the State Office of Economic Opportunity, Head Start Porgram, in addressing to issues of public school services to handicapped Head Start children and their transition into the public schools of Minnesota.

At the time of OCD/BEH Project staff's first visits to individual Head Start agencies, they were still in the process of assessing children's needs under the mandate to serve children with developmental delays and identifying local specialists who might help address those needs. The UNISTAPS Project Director and Interagency Coordinator, as well as Minneapolis program staff, served in a variety of ways as initiated by the OCD, SOEO staff. This assistance took several forms: 1. direct consultative services; 2. state advisory committee participation; 3. exchange of visits, public school/Head Start pilot programs; and 4. direct services, parents in Head Start programs (Indian reservations) supplied by the Minneapolis Family Education Coordinator.

As the result of demonstrated linkages between Head Start and the Minnesota public education system for delivery of educational services to preschool handicapped children, a training guide relating to practical interagency collaboration for effective case management of special needs children in Head Start was developed. Thus the *Mediator Handbook* was published in 1975 for use in joint assessment and programming of preschool handicapped children by Head Start and local special education personnel in the public school district of the child's residence.

Interagency Activity: State

Activities related to increased cooperation and coordination among state agencies in the identification, referral and programming for preschool exceptional children and their families have been accelerated through invited membership on various state committees addressing in whole or in part to the preschool population.

The *Interagency Coordinator: Child Identification* (Kathleen McNellis) is currently President of the Minnesota Association for the Education of Young Children and also serves as Co-Chairperson of the EPSDT Interagency Advisory Committee. She holds membership on the Early Childhood Task Force: Higher Education Coordinating Board; State Advisory Council, Head Start; Co-Chairperson, Early Childhood Training Consortium.

The Project Director (Winifred Northcott) is a member of the following Advisory Committees: Minnesota Consortium for the Handicapped; Center for Early Education and Development, University of Minnesota; Special Education/Early Education, Mankato State University; Minn-Kota Consortium: Teacher Educators, Early Education of the Handicapped; Children's Health Center and Hospital, Minneapolis; St. Paul Preschool Special Education Project.

The Project Director is a member of these national Advisory Committees: Infant Preparation Program, Lexington School for the Deaf, New York (BEH funded); Office of Demographic Studies (Annual Survey: Hearing Impaired Children and Youth). The Director is President-elect of the Alexander Graham Bell Association for the Deaf and will serve as a Resource Panel member, White House Conference on Handicapped Individual: member, White House Conference on Handicapped Individuals: Education Workshop, May 23-27, 1977, in Washington, D.C. She has been a member of the National Advisory Committee for the Handicapped, U.S.O.E. (1973-1975); National Advisory Committee for Education of the Deaf, U.S.O.E (1972-1973)

Replication Efforts: 1977

A formal UNISTAPS Project objective in 1976-77 was provision of technical assistance (stimulatory and participatory) to two State Departments of Education: North Carolina and Florida. These activities have been related to: 1. planning, design and implementation of a state plan for preschool handicapped children; 2. provision of statewide professional growth training and technical assistance to administrative and direct service personnel who serve preschool handicapped children; and 3. demonstration teaching, inservice training to staff in the replication programs of those two states.

Major activities: on site consultant activities to the State Advisory Committee: Preschool Education Programs for the Handicapped in Florida and design/staffing (UNISTAPS staff, Minneapolis P.S. and Dept. of Education) of a four-day statewide Special Study Institute for teachers of preschool communication-delayed children, including the hearing impaired. (North Carolina).

DISSEMINATION AND TRAINING

The Family Oriented
SPECIAL EDUCATION PRESCHOOL PROGRAM
Minneapolis Public Schools

Lou C. Erickson

DISSEMINATION SITES

	Visitors	Letters	Media Announcements	Practicums	Workshops/Lectures		Consultation	
					Minnesota	Other	Minnesota	Other
1970	129	38	7	2	2	11	28	2
1971	138	40	2	11	3	14	34	3
1972	131	48	1	12	3	16	49	4
1973	148	56	3	3	4	19	58	4

	Visitors	Letters	Media Announcements	Practicums	Workshops/Lectures		Consultation	
					Minnesota	Other	Minnesota	Other
1974-1975								
Minnesota	93	105	0	12	16	8	107	6
Wisconsin	10							
North Dakota	5							
Pennsylvania – 1 day site visit	2							
Ohio – 1 day site visit	2							
Indiana – 1 day site visit	1							
Japan – 1 day site visit	2							
(1 day each)	115							
1975-1976								
Minnesota	100	115	2 radio	4	28	10	85	8
Indiana – 2 day site visit	1		1 TV					
Arizona – 1½ day site visit	1		6 newspaper					
Kansas – 1 day site visit	1		9					
Texas – 2 day site visit	4							
New Mexico – 1 day site visit	1							
North Dakota	4							
Wisconsin	8							
Michigan	3							
Florida – 2 day inservice	1							
England – 2 day site visit	1							
	125							
1976-1977								
Minnesota	161	82	0	4	14	19	58	9
North Carolina – 2 day site visit	1							
Switzerland – 1 day site visit	1							
Arizona – 3 days	1							
Florida – 3 days	3							
North Dakota	5							
	167							

MINNESOTA DEPARTMENT OF EDUCATION
DISSEMINATION AND OUTREACH: MINNESOTA

Winifred H. Northcott
Kathleen C. McNellis

Year	Workshops	Spec. Study Institutes (Statewide)	Graduate Course	Parent Conference/ Meetings	Lectures	Consultation	News Art; Spots	Letters/ Phone	Journal Article	Monogr. Chapter	Editor, Book	State Plan: Preschool Handicapped
1970	2	2	2	3	10	15	7	287	3	1		
1971	8	3	3	6	16	19	18	310	2			Commissioner of Ed. Task Force app'ted.
1972	8	2	2	5	22	8	6	438	3	1	1	First Draft
1973	6	1	1	3	17	17	3	542	6		1	Reviewed: Div. Sp./Comp. Ed. Spec. Ed. Regional Consultants
1974	11	3	2	4	31	55	6	594	2			Approved, State Board of Educ. Dec., 1974
1975	5	1	2	2	29	107	7	584	3			
1976	12	3	6	11	31	156	9	729	3	1	1	Assisted in prep. Slide/Tape "Is That REALLY Our Job?"
1977	14	Region: 5 State: 2	4	7	12	84	4	294	2	1	1 (revision)	

MINNESOTA DEPARTMENT OF EDUCATION
PROJECT DIRECTOR'S ACTIVITIES
Winifred H. Northcott

DISSEMINATION – OUTSIDE OF THE STATE OF MINNESOTA

Year	Lectures		Half Day/One Day Presentations	State Department of Education or University (Workshop/Consultation)
1969	Utah Georgia			
1970	Sweden Alaska Nebraska	Arizona Kansas Washington, D.C.	Alaska California Florida	North Carolina (State Department)
1971			Illinois Kansas	Tennessee (University) North Carolina (State Department) Maine (State Department)
1972	Virginia Texas Arizona Australia Tennessee Iowa New York Wisconsin California Mexico		California Florida Tennessee Utah California	Florida (State Department) Tennessee (State Department) Utah (University) Maryland (University) North Carolina (University)
1973	Georgia		Wisconsin New York Nevada Mexico Washington, D.C. Ohio	Georgia (State Department Wisconsin (State Department) Hawaii (State Department) Vermont (State Department) Illinois (State Department) Texas (University) Ohio (University) Virginia (State Department)

Year	Lectures	Half Day/One Day Presentations	State Department of Education or University (Workshop/Consultation)
1974	Indiana University Winnipeg BEH	Iowa Nevada (ASHA)	Ohio (University) West Virginia (State Department) Kentucky Arizona Tennessee (State Department) Tennessee (University) Utah (University) Hawaii (State Department) Illinois (University)
1975	Tokyo BEH North Carolina Hong Kong Toronto	Wisconsin (GLARRC)	North Dakota (University) Illinois (University) Arizona (University) New Jersey (State Department) Tennessee (State Department) Texas (1 week)
1976	Washington, D.C. University of Arizona BEH	California London, Ontario (CEC) Wisconsin Mexico (O.I.R.A.) 1 week	New Mexico (University) North Dakota (University) Arizona (University) Maryland (State Department)
1977	CEC: Atlanta (national) CEC: Kentucky Resource Panelist: White House Conference on Handicapped Individuals Washington, D.C. (Educational Concerns: Preschool)	New Zealand (Keynoter) Switzerland Holland Germany New York City	Instructor: Three graduate courses (State Universities: Minnesota): Early Childhood, Handicapped University of Heidelberg; University of Munich; University of Zurich North Carolina (State Department) Special Study Institute. 4 days Florida (State Department): Special Study Institute (2 days)

Evaluation and Dissemination: Eduhealth Service Delivery System: Minneapolis Program

The validation effort by George Peabody College for Teachers in Nashville, Tennessee, is a formal amendment to the UNISTAPS Project, 1976-77. The contract objectives relate to the refinement and application of the Eduhealth Service Delivery Index, developed by Dr. George Fellendorf, Executive Director of the Alexander Graham Bell Association for the Deaf, in the assessment of the effectiveness of delivery of Eduhealth services to hearing impaired children in the laboratory: Family Oriented Special Education Preschool Program, 0-4/5, Minneapolis Public Schools.

The Eduhealth Questionnaire will be sent to approximately 20 families of hearing impaired children in the laboratory program and results tabulated. It is expected that the evaluation activity will result in improvement of predictive efficiency of the Index. Possibly on the basis of the demonstration of feasibility for the particular subpopulation of young hearing impaired children, similar indices might be developed for other age groups of hearing impaired individuals and for other exceptionalities.

The final report will be submitted July 1, 1977.

MATERIALS PRODUCED

- *State Guidelines: Preschool Educational Programs for the Handicapped.* Minnesota Department of Education. 1974. Approved, State Board of Education (Major UNISTAPS Project objective, 1971-1974). $2.00 (Code #5-9). Order from: Documents Section, Centennial Building, Room 140, St. Paul, MN 55155.
- *Slide/tape.* 20 minutes. "Is That REALLY Our Job?". Child advocacy; role of local education agency in preschool service to the exceptional child and his family (not generally available).
- *Curriculum Guide: Hearing Impaired Children – Birth to Three Years – and Their Parents.* 1977 (revised). Northcott, W. H. (ed). Alexander Graham Bell Association for the Deaf, Washington, D.C. 20007 (3417 Volta Place, N.W.) $8.50. (Developed by Minneapolis preschool staff and Project Director. Original edition, 1973 – over 5,000 copies sold.) Based on developmental expectations: cognitive, social, linguistic skill areas, for normal children. Order from: Bell Association.

  Three major foci: 1. organization and management of a comprehensive preschool program (noncategorical) for the exceptional child and his family; 2. techniques, activities relating to young children with language delays; 3. dimensions of a parent program of continuing education, guidance and counseling. Evaluation procedures/instruments, including a video-tape rating scale for assessment of parent teaching style in communication interaction with child.
- *Slide/tape.* 25 minutes. Family oriented special education preschool program, Minneapolis P.S. Illustrating components of comprehensive direct services individualized educational program for children, 0-4/5, regardless of etiology. (Contact Coordinator, Minneapolis program.)

UNANTICIPATED SPINOFF DEVELOPMENTS: NOT PART OF ORIGINAL/APPROVED OBJECTIVES

(Staff was part of stimulatory and/or participatory activities)

V*A*L*I*D*A*T*E*D
U.S.O.E. Dissemination Review Panel
September, 1975

STATE SPECIAL EDUCATION LEGISLATION – Enacted into law

Modification of state special education aids to encourage districts to mainstream handicapped students, preschool through secondary years. Foundation aids are reduced by 25% when a student spends 50% or more time in a special education program. (Spring, 1976.) The loss is an incentive to foster placement of students in regular classrooms for part or all of the school day. (N.B. Repealed: Spring, 1977)

Mandatory age of school district responsibility for the education of handicapped children. Age 4, all categories – as of August 15, 1977. (Presently, mentally retarded children; emotionally disturbed and learning disabled = age 5.)

PROPOSED LEGISLATION – Expected to be enacted into law, 1977 .

The Governor's Screening Bill: Health and Developmental Screening to be administered by the public schools of Minnesota. This piece of legislation progressed through the Education Committee of the House. It has passed the Health and Education Committees in both houses and is currently being heard in the House and Senate Finance Committees, the final lap.

It advanced to the Appropriations Committee at the end of the legislative session and is expected to be enacted into law in the 1977 session.

RESEARCH DATA AND PUBLISHED FINDINGS

Invitation to Project Director: presentation of findings on "graduates" of Minneapolis Infant/Preschool Program for the Hearing Impaired (original population, 1969-1974 prior to adding vision; multihandicapped components) – at the World Congress on Education of the Deaf, Tokoyo, Japan. August, 1975. (NO FEDERAL/STATE/LOCAL FUNDS INVOLVED.)

Subsequent publication, *Volta Review*, February/March, 1976. Kennedy, Northcott, McCauley, Williams. Longitudinal Sociometric and Cross-Sectional Data on Mainstreaming Hearing Impaired Children: implications for preschool programming. (A study of 11 severely to profoundly deaf "graduates" enrolled in regular classes in public schools indicating that in comparison with a random same-sex sample of normally hearing classmates, these hearing impaired children were assimilated in grades 3, 4, 5. Measures included sociometric; positive/negative and verbal/nonverbal interactions; academic achievement. (See p. 7)

PARENT . . . CHILD ADVOCACY ACTIVITIES

Budget crisis; parent involvement. Due to a proposed budget cut of $8.8 million for F.Y. 1977 in the Minneapolis Special School District #1, permissive programs for the 0-4 population were dropped. In addition, 3.1 positions were cut from the Family Oriented Special Education Preschool Program (laboratory program of the UNISTAPS Project).

Parents mounted a formal committee structure and campaign to restore all budget cuts for the public school infant/preschool program. This included appearance and testimony at school board meetings; media (letters to editor; newspaper, radio television interviews) and many internal meetings to plan strategies. This, in turn, generated inquiry and interest in the

program from school board members, the general public (e.g., two lead editorials in the *Minneapolis Star;* the *Minneapolis Tribune*).

Result: ALL THREE POSITIONS WERE REINSTATED IN THE BUDGET FOR F.Y. 1977. The hard work by parents was a reflection of their commitment to the preschool program and their endorsement of its rich component of parent participation and involvement.

INTERAGENCY COORDINATION

CETA (Comprehensive Employment and Training Act). A proposal by the Interagency Coordinator: UNISTAPS Project, resulted in the assignment of a CETA Research Assistant for data collection regarding preschool programs for handicapped, services available, and training needs.

Health/Education coordination has now resulted in a Memorandum of Understanding for a steering committee at the Deputy Commissioner level with representation from the two Departments (state agencies) including the Interagency Coordinator and the Project Director.

NEW COURSES

- St. Thomas College. Graduate program, Special Education. "The preprimary exceptional child." Instructor: W. Northcott.
- Mankato State University. Graduate program, Special Education. "Organization and Administration: Preschool programs for the handicapped." Instructor: W. Northcott.

CHILD ADVOCACY: STATE DEPARTMENT OF EDUCATION

Development of slide/tape presentation by Center on Early Education and Development, University of Minnesota, with material jointly written by UNISTAPS Project staff and Erna Fishhaut, producer. "Is That REALLY Our Job?", the case for public school responsibility in case finding (mandated census), case management and coordination of educational services in cooperation with parents and the health care system.

TITLE VI-B PRESCHOOL PROJECTS

F.Y. 1976 – 10 projects.

F.Y. 1977 – 14 additional/new projects.

Project Director and Interagency Coordinator were members of the Preschool Project review team, reading grant proposals and assisting in the determination of priorities; providing technical assistance in implementation.

HONORS TO THE LABORATORY PROGRAM in PROGRAM OF THE YEAR AWARD

Runner-up Award: American Association of Educators of the Hearing Impaired (sponsor) – Alexander Graham Bell Association for the Deaf to the Family Oriented Regional Infant/Preschool Program for Hearing Impaired Children, Minneapolis P.S.

PUBLICATIONS

Winifred H. Northcott

1968-69 Northcott, W.H. Head Start research: implications for deaf children. *Volta Review.* 70(2) 1968, 106-113.

. . . . Parent guidance and home training of the speech and language handicapped. *Proceedings.* Pan Pacific Rehabilitation Conference. Rehabilitation International, Hong Kong, September, 1968.

. . . . A family oriented preschool program. *Hearing and Speech News* (NAHSA), May, 1968, 8-12.

. . . . Public school preschool programs for hearing impaired children in Minnesota. *Bulletin,* American Organization of Educators of the Hearing Impaired. Vol. 1(1), Winter, 1969, 8-10.

1970 . . . . An experimental summer school: impetus for integration. *Volta Review.* 72(9), November, 1970, 498-507.

. . . . Candiate for integration: a hearing impaired child in a regular nursery school. *Young Children.* XXV(6), September, 1970, 367-380.

1971 . . . . Reading list for parents. *Volta Review.* 73(3), March, 1971, 186-189.

. . . . Integration of deaf children in ordinary school programs. *Exceptional Children.* 38(1), September, 1971, 29-32.

. . . . Preschool programs for the hearing impaired: the catalytic role of a speech clinician. *Journal,* Kansas Speech and Hearing Association. Vol 11(3), November, 1971, 49-59.

1972 . . . . The hearing impaired child. A speech clinician as interdisciplinary team member. *Journal Language, Speech, Hearing Services in Schools.* 3(2), April, 1972, 9-17.

. . . . A hearing impaired child in the classroom. *Volta Review.* 74(2), February, 1972.

. . . . Tutoring the hearing impaired child. *Volta Review.* 74(7), October, 1972.

. . . . The hearing impaired child: implementing a program for the under three's in the public schools. *DCCD Bulletin:* Council for Exceptional Children. Also entered in ERIC, Early Childhood, University of Illinois.

. . . . Professional preparation of teachers of hearing impaired infants, 0-3, and their parents. Entered in ERIC, Early Childhood, University of Illinois.

1973 . . . . Integration of a hearing impaired child: reading list for parents. *Volta Review.* 75(1), January, 1973.

. . . . Implementing programs for young hearing impaired children. *Exceptional Children.* 40(3), March, 1973, 455-463.

. . . . Competencies needed by teachers of hearing impaired children, 0-3, and their parents. *Volta Review.* 75(9), December, 1973, 532-544.

. . . . Parenting a hearing impaired child. *Hearing and Speech News.* 41(5), Septebmer/October, 1973, 10-12; 28-29.

. . . . Dimensions of support to parents in early childhood education programs for the handicapped. *Rehabilitation in Australia.* Summer, 1973.

1974 . . . . Integration/Assimilation: the preprimary years. *Proceedings.* 46th Annual meeting, Conference of Executives of American Schools for the Deaf, Tucson, 1974.

Northcott, W. H.; J. V. Nelson; S. A. Fowler. The UNISTAPS Project: a family oriented preschool program for hearing impaired children, 0-4. *Peabody Journal of Education.* 51(3), April, 1974, 192-197.

1976 . . . . Northcott, W.H. Infant/Preschool hearing impaired child: early public school intervention emphasizing parent training. *Minnesota Medicine.* Vol. 59, June, 1976, p. 419-424.

1977 . . . . Current trends and issues in education of the deaf. *Proceedings,* Australian Conference for Teachers of the Deaf. Auckland, New Zealand. January, 1977, p. 27-36.

. . . . The Oral Interpreter: a necessary support specialist for the deaf and hard of hearing. *Volta Review.* 79(3), April, 1977, 134-143.

Monograph Chapters

1971 Northcott, W.H. Infant education and home training. In L. Connor (ed) *Speech for the Deaf Child: Knowledge and Use.* Alexander Graham Bell Association for the Deaf. Washington, D.C., 311-334.

. . . . Staff training on a statewide basis. Vol. II, No. 1, *Early Childhood Education for Handicapped Children.* Department of Special Education, University of Texas at Austin. Program of Staff Training: Exemplary Early Childhood Centers for Handicapped Children.

1972 . . . . Parent participation. In D. Lillie (ed) *Parent Involvement in Child Development Centers.* TADS University of North Carolina.

1975 . . . . Normalization of the preschool child with hearing impairment. In M. E. Glasscock (ed) *Otolaryngologic Clinics of North America.* 8(1), February, 1975, 159-186.

1976 . . . . Mainstreaming the preprimary hearing impaired child: progress, problems, practices. In G. W. Nix (ed) *Mainstreaming hearing impaired children and youth.* New York, Grune and Stratton, 111-134.

1977 Northcott, W. H. and S. A. Fowler. Developing parent participation. In D. E. Lillie (ed) *Teaching Parents to Teach.* New York, Walker and Co.

Northcott, W.H. Integration of the preprimary hearing impaired child: an examination of the process, product and rationale. In M.A. Guralnick (ed) *Early Intervention and the Integration of Handicapped and Nonhandicapped Children.* Baltimore, University Park Press (in press). Fall, 1977.

Editor

1977 Northcott, W. H. (ed) *Curriculum Guide: Hearing Impaired Children, 0-3, and Their Parents.* Alexander Graham Bell Association for the Deaf. 3417 Volta Place, N.W., Washington, D.C. 20007. 291 p. (Revised ed of 1972 ed.)

1973 Northcott, W. H. (ed) *The Hearing Impaired Child in a Regular Classroom: Preschool, Elementary, Secondary Years.* Alexander Graham Bell Association for the Deaf. Washington, D.C. 20007.

Research Studies
Patricia Kennedy

1974 Kennedy, P. and R. H. Bruininks. Social status of hearing impaired children in regular classrooms. *Exceptional Children.* 40, 336-342.

1976 McCauley, R. W., R. H. Bruininks and P. Kennedy. Behavioral interactions of hearing impaired children in regular classrooms. *Journal of Special Education.* 10, 277-284.

Kennedy, P., W. H. Northcott, R. McCauley and S. W. Williams. Longitudinal sociometric and cross-sectional data on mainstreaming hearing impaired children: implications for preschool programming. *Volta Review.* 78, 71-82.

APPENDIX A

Ms. Kennedy is a parent adviser/teacher in the Minneapolis Public Schools; Dr. Northcott is Consultant, Early Education of the Handicapped, State Department of Education in Minnesota; Dr. McCauley is an assist- and professor, and Ms. Williams is a research assistant in the department of psychoeducational studies at the University of Minnesota.

LONGITUDINAL SOCIOMETRIC AND CROSS-SECTIONAL DATA ON MAINSTREAMING HEARING IMPAIRED CHILDREN: IMPLICATIONS FOR PRESCHOOL PROGRAMMING[1]

Patricia Kennedy, M.A., Winifred Northcott, Ph.D., Robert McCauley, Ph.D., and Susan Myklbye Williams

This study examined the peer acceptance and self perceived status of eleven severely to profoundly deaf pupils enrolled in regular public school elementary classrooms over a three-year period. All of the subjects had experienced preschool education, including nursery school, with normal hearing children, and all were full-time users of hearing aids. Three sociometric tests were administered. Results indicated that these hearing impaired children were as socially accepted as their classmates and were perceptive of their own status. Observational and academic achievement data slso included in this study along with implications for infant/preschool programming.

The integration of selected hearing impaired (deaf and hard-of hearing) children in regular classes with normal hearing peers at various stages of their progression through the school years is one of the major trends in comprehensive special education programming in the United States today. Patterns of integration occur during three natural periods: kindergarten, third or fourth grade, and junior high school (Northcott, 1973).

School programs currently reflect an increased concern for the assismilation of children with hearing handicaps by providing support services to those in regular educational settings. However, little information presently exists on the degree of social acceptance of such children by their normally hearing classmates (Kennedy and Bruininks, 1974). Yet data related to the social acceptance of hearing impaired children is a critical variable in assessing the effectiveness of current programs. It is also essential in planning intervention strategies to ensure that physical integration in regular classrooms is accompanied by psychological acceptance. of the hearing impaired child by his or her normally hearing classmates.

In 1968, in response to the rubella epidemic of 1964-1965, an auditory-oral, family-oriented infant/preschool program for hearing impaired children, ages 0-4 years, was initiated in the Minneapolis, Minnesota public schools.[2]

Thirty-two graduates of the program are now integrated in regular classes in 31 elementary schools throughout 14 different school districts surrounding and including Minneapolis.

Table 1 indicates the average decibel loss, etiology, onset, and grade of these 32 children in the year 1973. An examination of the degree of hearing loss (ISO) as indicated by audiogram reveals that 25 of the 32 children in regular class placement have a severe or profound hearing loss.

TABLE 1
AVERAGE DECIBEL LOSS, EGIOLOGY, AGE OF ONSET, AND GRADE OF HEARING IMPAIRED CHILDREN INTEGRATED IN REGULAR CLASSES, 1973

Pupils	Average Decibel Loss	Etiology	Onset	Grade
Boys				
1	48dB PTA**	Rubella	Congenital	2
2	55dB PTA	Unknown	Congenital	3
3	56dB PTA	Jaundice	Congenital	3
4	61dB PTA	Rubella	Congenital	2
5	63dB PTA	Unknown	Congenital	2
6	63dB PTA	Rubella	Congenital	3
7	75dB PTA	Rubella	Congenital	3
*8	75dB PTA	Familial	Congenital	2
9	76dB PTA	Rubella	Congenital	2
*10	80dB PTA	Rubella	Congenital	3
11	81dB PTA	Premature Jaundice Cyanosis	Congenital	2
12	81dB PTA	Rubella	Congenital	3
*13	88dB PTA	Unknown	Congenital	2
14	88dB PTA	Rubella	Congenital	2
15	88dB PTA	Rubella	Congenital	3
16	96dB PTA	Rubella	Congenital	1
17	101dB PTA	Rubella	Congenital	2
*18	110dB PTA	Unknown	Congenital	3

(Continued on page 55)

[1]Reprinted from Volta Review., 78(2) Feb.-March, 1976, 71081. Used by permission of the Alexander Graham Bell Association for the Deaf, Washington, D.C.

[2]This free-standing public school program also serves as the laboratory of UNISTAPS**Project, funded by the Bureau of Education for the Handicapped, U.S. Office of Education (OEG–*0725367). The grantee is the Minnesota Department of Education. The UNISTAPS Project is one of seven in the Handicapped Children's Early Education Program featured in Exemplary Programs for the Handicapped, III (September, 1973): Early Childhood Education: Case Studies by Abt Associates, Inc., for the National Institute of Education and the U.S. Office of Education, B.E.H. The observation is made: "a notable feature being its family involvement program." Dr. Northcott is the director of the UNISTAPS project.

**UNISTAPS is an acronym indicating the involvement of resources and staff of the three participating agencies: UNIversity of Minnesota; STAte Department of Education; Public Schools of Minneapolis.

TABLE 1 (Continued)

Girls				
19	55dB PTA	Unknown	Congenital	1
20	75dB PTA	Unknown	Congenital	3
*21	76dB PTA	Premature	Congenital	3
*22	76dB PTA	Rubella	Congenital	3
23	83dB PTA	Erythro-blastosis Fetalia	Congenital	1
*24	85dB PTA	Rubella	Congenital	5
*25	85dB PTA	Rubella	Congenital	3
26	91dB PTA	Rubella	Congenital	1
27	98dB PTA	Rubella	Congenital	3
*28	98dB PTA	Rubella	Congenital	2
29	100dB PTA	Rubella	Congenital	2
30	105dB PTA	Rubella	Congenital	2
*31	110dB PTA	Meningitis	13 months	3
*2	110dB PTA	Unknown		
*31	110dB PTA	Meningitis	13 months	3
*32	110dB PTA	Unknown	Congenital	4

*These children comprise the 11 subjects of the longitudinal study (1972-1974): "Social status: hearing impaired/normally hearing classmates."

TABLE 2
AVERAGE DECIBEL LOSS, ETIOLOGY AND AGE OF ONSET OF HEARING IMPAIRED CHILDREN

Pupils	Average Loss	Etiology	Onset	Grade 1971-1972
Boys				
1	55dB PTA*	Unknown	Congenital	1
2	56dB PTA	Jaundice	Congenital	1
3	63dB PTA	Rubella	Congenital	1
4	75dB PTA	Rubella	Congenital	1
5	80dB PTA	Rubella	Congenital	1
6	88dB PTA	Rubella	Congenital	1
7	110dB PTA	Unknown	Congenital	2
Girls				
8	50dB PTA	Drugs	Congenital	1
9	76dB PTA	Premature	Congenital	1
10	76dB PTA	Rubella	Congenital	1
11	85dB PTA	Rubella	Congenital	1
12	98dB PTA	Rubella	Congenital	2
13	98dB PTA	Rubella	Congenital	1
14	110dB PTA	Unknown	Congenital	3
15	110dB PTA	Meningitis	13 months	1

*Pure tone average

First Year Examination: 1971-1972

In an attempt to evaluate the effectiveness of the Minneapolis program in preparing hearing impaired enrollees for later assimilation into regular classrooms, the peer status and self-perceived peer status of 15 integrated first- and second-grade hearing impaired pupils were examined in 1971-1972.

All of the children had previously been enrolled with their parents in the Minneapolis program and had attended neighborhood nursery schools. Nursery school placement is one of the comprehensive educational components of the program based on individualized prescription. The subjects, all of whom were full-time hearing aid users, included 4 children with mild to moderate losses and 11 children with severe to profound hearing losses. The range of hearing loss was from 55 to 110 dB as shown in Table 2.

Three sociometric tests were used: the Moreno Peer nomination scale; a forced choice social acceptance scale; and a socio-empathy scale. The last two tests are a modified version of the Ohio Social Acceptance Scale (Bruininks, Rynders, and Gross, 1974). These tests were administered to all hearing impaired and normally hearing children in the same classrooms.

The results from all three measures indicated that these young hearing impaired children enrolled in regular classrooms (1971-1972) appeared to have gained a degree of social acceptance that is inconsistent with the level reported in earlier studies (Elsner, 1959; Force, 1956; Justman and Maskowitz, 1957). Results from both the Moreno and peer acceptance scales revealed that children with severe to profound hearing losses scored higher than their normally hearing peers and higher than those children with a less severe loss. In four instances, they were among the most popular children in their classroom (Kennedy and Bruininks, 1974). (It was speculated that the pupils with moderate losses may not have scored as high as the pupils with severe to profound losses because they did not require special attention from either teachers or their classmates.)

The hearing impaired children in this sample did not appear to identify with pupils of low social status. When mutual choices were plotted on target diagrams, hearing handicapped subjects chose and were chosen by pupils with average or above average scores. Furthermore, hearing impaired children were as perceptive as their normally hearing peers in estimating their own social status (Kennedy and Bruininks, 1974).

At the conclusion of the 1971-1972 school year it was decided to collect longitudinal data and cross-sectional data on the 11 children with severe and profound hearing losses. It was deemed advisable to follow these fully integrated hearing impaired children for several reasons:

1. to discover whether or not they would continue to receive social acceptance within their classrooms.
2. to observe and document their behavioral interactions in the classroom.
3. to ascertain their progress in other important education areas notably achievement in academic subjects.

Longitudinal Sociometric Study: 1973-1974

The critical variable examined in both 1973 and 1974 was: social acceptance and social status of the longitudinal hearing impaired sample.

TABLE 3
CHARACTERISTICS OF CHILDREN STUDIED

Pupils	Average decibel loss	Aided decibel loss	Etiology	Onset	Grade in 1973-1974
Boys					
1	75dB PTA*	26dB PTA	Rubella	Congenital	2 3
2	80dB PTA	27dB PTA	Rubella	Congenital	2 3
3	88dB PTA	25dB PTA	Rubella	Congenital	2 3
4	110dB PTA	45dB PTA	Unknown	Congenital	2 3
Girls					
5	76dB PTA	23dB PTA	Premature	Congenital	2 3
6	76dB PTA	15dB PTA	Rubella	Congenital	2 3
7	85dB PTA	28dB PTA	Rubella	Congenital	2 3
8	85dB PTA	28dB PTA	Rubella	Congenital	3 4
9	98dB PTA	36dB PTA	Rubella	Congenital	2 3
10	110dB PTA	38dB PTA	Unknown	Congenital	4 5
11	110dB PTA	63dB PTA	Meningitis	13 months	2 3

*Pure tone average

Each of the 11 children was enrolled in a separate elementary school during the second and third years of the study. Two subjects attended schools in Minneapolis and 9 were enrolled in suburban schools. All of the hearing impaired subjects were full-time hearing aid users; all but one wore binaural hearing aids; all were receiving one hour of tutoring per day; and all were receiving speech therapy two or three times a week.

The Moreno Scale and the two peer-acceptance scales were again used to determine social status, social acceptance, and socioempathy scores.

TABLE 4
MORENO SCALE SCORES OF HEARING IMPAIRED AND NORMALLY HEARING CHILDREN IN 1972, 1973, 1974

	Hearing Impaired			Normally Hearing		
Year	Number	Mean	Standard Deviation	Number	Mean	Standard Deviation
1972	11	4.54	3.44	277	2.80	2.41
1973	10*	3.00	2.71	260	2.87	2.36
1974	11	1.18	1.17	298	2.90	2.09

*The data from one classroom was incomplete

The data from Table 4 indicates that the hearing impaired children were chosen significantly more often in 1972 ($t=2.30$; $p > .05$). In 1973 there was not a significant difference; however, 1974 scores revealed that the hearing impaired subjects were chosen significantly less often ($t = 2.72$; $p > .01$) than their normally hearing classmates.

In addition to social position in the classrooms, mutual choices between children on the Moreno Scale were also analyzed using target diagrams (Northway, 1940).

TABLE 5
MUTUAL CHOICE RATINGS

	Hearing Impaired			Normally Hearing		
Year	Number	Mean	Standard Deviation	Number	Mean	Standard Deviation
1972	11	1.81	1.07	227	1.08	.95
1973	10	1.00	1.05	260	1.27	1.16
1974	11	1.00	.78	298	1.36	1.03

Mutual choice data reveals that the hearing impaired children had more mutual choices in the first years of the study, ($t= 2.60$; $p > .01$) but no significant differences were found in the following two years.

TABLE 6
FORCED CHOICE PEER ACCEPTANCE SCORES

Hearing Impaired				Normally Hearing		
Year	Number	Mean	Standard Deviation	Number	Mean	Standard Deviation
1972	9*	2.21	.35	182	1.94	.33
1973	10	1.83	.27	259	1.87	.51
1974	11	1.81	.28	298	1.88	.32

*It was not possible to test the two students in the urban schools.

The sociometric data gathered from the forced choice peer acceptance scale indicates that the peer acceptance ratings of hearing impaired children are not significantly different from those of their normally hearing classmates during the three years of the study.

TABLE 7
SOCIOEMPATHY SCORES

Hearing Impaired				Normally Hearing		
Year	Number	Mean	Standard Deviation	Number	Mean	Standard Deviation
1972	9	2.00	.33	182	1.93	.39
1973	10	1.99	.43	244	1.77	.27
1974	11	1.80	.28	298	1.85	.30

Socioempathy scores were derived from a separate administration of the forced choice scale. There was no significant difference between the self-perceived status of hearing impaired and normally hearing children. Furthermore these hearing impaired children were as perceptive as normally hearing children concerning their social status. No significant difference was noted between attained and self-perceived status within either group for the three years.

Cross-Sectional Observation and Achievement Data

McCauley, Kennedy, and Bruininks (in press) reported the data collected in 1973 on the observed interactions of hearing impaired children. Only 14 integrated children from the total sample available in 1973 (see Table 1) were observed, including 8 of the 11 longitudinal hearing impaired subjects.

A modified version of the Pupil Observation Schedule (POS) (Wood, 1972) was used to collect observation data. The Pupil Observation Schedule (POS) as modified, is comprised of nine categories of behaviors designed to measure an individual child's interactions with teachers and peers. The categories and results are presented on Table 8.

TABLE 8
SUMMARY OF RESULTS FROM "BEHAVIORAL INTERACTIONS OF HEARING IMPAIRED CHILDREN IN REGULAR CLASSROOMS."[a]

Variable	Significant Group (HI or NH)[b]	Significance Level[c]
Positive interactions		n.s.[d]
Negative interactions		n.s.
Verbal interactions		n.s.
Nonverbal interactions		n.s.
Interactions with teachers	HI>NH	.05
Interactions with peers	NH>HI	.05
Number of peers with whom interacted	NH>HI	.05
Interactions with group		n.s.
Positive interactions with		
teachers	HI>NH	.05
peers	NH>HI	.05
Negative interactions with		
teachers		n.s.
peers		n.s.
Verbal interactions with		
teachers	HI>NH	.05
peers	NH>HI	.01
Nonverbal interactions with		
teachers		n.s.
peers		n.s.

[a]Journal of Special Education (in press)
[b]HI = Hearing Impaired
NH = Nonhandicapped
[c]Two-tailed *t*-test for independent groups
[d]n.s. = nonsignificant

Results indicated that overall quality of behavioral interactions of the hearing impaired children was not significantly different from that of their hearing peers as far as positive/negative and verbal/nonverbal behavior were concerned. However, the hearing impaired subjects interacted positively and verbally with teachers more often than did the normally hearing group. The normally hearing group interacted positively and verbally with peers more often than did the hearing impaired group. These data seem to point to the fact that hearing impaired children rely to a greater degree on their teachers as a source of giving and receiving rewarding social interactions in the classroom. On the other hand, for the normally hearing youngsters, the primary source of rewarding social interactions was their peer group.

In the spring of 1974, three language achievement measures (1. Woodcock word recognition; 2. Peabody Individual Achievement Test; Spelling (PIAT); and 3. Metropolitan Achievement Tests: word knowledge test) and also the Key Math achievement test were administered to the longitudinal hearing impaired children in the longitudinal study and a randomly selected, equal-sized, same-sex sample of their normally hearing classmates.

TABLE 9
ACHIEVEMENT TEST SCORES

	Hearing Impaired			Normally Hearing		
Measure	Number	Mean	Standard Deviation	Number	Mean	Standard Deviation
Woodcock word recognition	11	3.37	.71	11	4.52	2.38
PIAT spelling	11	4.41	1.22	11	4.38	1.17
MAT word knowledge	11	3.05	.48	11	4.96	2.18
Key Math	11	3.28	1.47	11	4.13	.99
Total language achievement	11	3.61	.75	11	4.61	1.82
Total achievement	11	3.55	.91	11	4.51	1.55

No significant differences were found among the two groups except for the MAT word knowledge where normally hearing pupils scored significantly higher than the hearing impaired group ($t=3.50$; $p > .001$).

Characteristics of the Minneapolis Public School Preschool Program

Certain characteristics of the hearing impaired children and the programming prescribed for them during their participation in the family-oriented infant/preschool program in the Minneapolis Public Schools may have a causal relationship to the social acceptance and academic success these children experienced in a regular classroom with nonhandicapped peers (Kennedy, Northcott, and McCauley, 1975).

The following commonalities of the children and the program are noted for further examination by future researchers:

1. All had a sensorineural hearing loss (ten at birth and one before 14 months of age).
2. All had a severe or profound hearing loss.
3. All had been fitted with binaural hearing aids.
4. All scored within the average range on the Merrill-Palmer Scale of Mental Tests administered before entrance into the first grade.
5. All had been enrolled for three or more mornings a week with normally hearing children in neighborhood nursery schools.
6. All received one hour or more of weekly individual instruction involving auditory, cognitive, and language stimulation in which parent, parent advisor/teacher, and child actively interacted in the context of child-centered experiential activities.

The preschool program objectives include:

1. An auditory/oral method of instruction that emphasizes learning to listen, discriminate, store meaningful speech, and frequently makes use of the unisensory (acoupedic) method.
2. A focus on continuing parent guidance, counseling and parent education including:
   a. family workshops
   b. parent meetings once a week and one evening per month
   c. individual parent-teaching sessions
   d. periodic integrated nursery observations
   e. periodic home visits
   f. home/agency services coordinated as needed
3. A multi-disciplinary team serving the child and his family (parent advisors/teachers; educational audiologist; social worker; occupational therapist; physical therapist; family life program director; coordinator of special education program).
4. Absence of a controlled vocabulary approach to language learning.
5. Focus on natural language, natural listening, natural learning for integration of cognition, social/emotional growth, language and motor skills.
6. Parental involvement in major educational decisions affecting the child and his placement in a community preschool program with nonhandicapped children.

As a result of the three-year study, the Minneapolis preschool program has been expanded to include:

1. Adaptation of the curriculum toward the goal of future integration of additional numbers of enrollees.
2. Establishment of a readiness-for-kindergarten nursery two mornings a week for children who are candidates for integration at 5 years of age (in addition to the neighborhood nursery placement and individual sessions). The audiogram is not the determinant for this option of the program; the assumption is that the children will learn concepts and express them verbally in language acquired primarily through listening.
3. Site visitation and support to the neighborhood nursery staff in formal (twice a year) inservice training at the special education preschool center. This is supplemented by demonstration teaching, consultative services every four to six weeks.
4. Accommodation to enrollees who require a self-contained kindergarten program offered by a teacher of the deaf. This half day program is supplemented daily by integration in the afternoon regular kindergarten classrooms.
5. Ongoing evaluation of all the children in the preschool program through:
   a. video tapes (speech and language samples; parental teaching styles)
   b. Denver Developmental Screening Test
   c. Houston Test for Language Development
   d. Minnesota Child Development Inventory
   e. McCarthy's Scales of Children's Abilities
   f. Boehm and Slater Cognitive Skill Assessment Battery
   g. Gesell Developmental Schedules

Further research is solicited to determine the critical variables common to hearing impaired children successfully integrated in regular classrooms during the elementary school years. The presence of these variables may serve as accurate predictors of a reasonable degree of success following placement in a class with normally hearing peers.

REFERENCES

Bruininks, R.; Rynders, J. and Gross, J. Sociometric acceptance of mildly retarded pupils in resource rooms and regular classrooms. *American Journal of Mental Deficiency*, 1974, *70* (4), 135-141.

Elsner, R. The social position of hearing impaired children in the regular grades. *Exceptional Children*, 1959, *25*, 305-309.

Force, D. Social status of physically handicapped children. *Exceptional Children*, 1956, *23*, 104-107; 132-135.

Justman, J. and Maskowitz, L. The integration of deaf children in a hearing class. *Publication No. 4*, New York: Bureau of Educational Research, Board of Education, 1957.

Kennedy, P. and Bruininks, R. Social status of hearing impaired children in regular classrooms. *Exceptional Children*, 1974, *40*, 336-342.

Kennedy, P.; Northcott, W.; and McCauley, R. Results of longitudinal and cross-sectional data on hearing impaired children in regular classes; elementary school years. Paper presented at the International Congress of Instructors for the Deaf, Japan, 1975.

McCauley, R.; Kennedy, P.; and Bruininks, R. Behavioral interactions of hearing impaired children in regular classrooms. *Journal of Special Education*, 1975 (in press).

Northcott, W. (Ed.). *The hearing impaired child in a regular classroom: Preschool, elementary and secondary years.* Washington, D.C.: A.G. Bell Association for the Deaf, 1973.

Northway, M. A method of depicting social relationships obtained by sociometric testing. *Sociometry*, 1940, *3*, 144-150.

Wood, F. *Pupil observation schedule.* Unpublished manuscript, University of Minnesota, 1972.

APPENDIX B

UNISTAPS*: A FAMILY ORIENTED NONCATEGORICAL PROGRAM FOR SEVERELY HANDICAPPED CHILDREN, 0-5

Description

The UNISTAPS Project operates at two locations: 1. Minnesota Department of Education. The Project Director is State Consultant, Early Childhood Education for the Handicapped; and 2. The laboratory program: Family Oriented Special Education Preschool Program, 0-4/5, Minneapolis Public Schools.

The UNISTAPS Project enables the Minnesota Department of Education to offer: *State Guidelines: Preschool Educational Programs for the Handicapped;* a direct service model (laboratory) for examination; curriculum guide for children, 0-3, and parents; an evaluation plan handbook; child advocacy activities; interagency advisory committees, special institutes (12) graduate courses (4), state parent conferences (4).

The noncategorical family oriented program (laboratory) assures individually prescriptive programs for children and families. Child assessment by a multidisciplinary team offers a developmental profile of communication; psychomotor; cognitive; social/adaptive behavior for program options including center-based nurseries (language/cognitive; social/emotional) and a prekindergarten transitional program. Other services involve the home; community placement (self-contained or integrated program). Active family involvement includes: individual parent teaching sessions; family workshops; parent (weekly), couples' evening and "men only" meetings.

Target Audience

1969 on – hearing impaired; 1973-4, added visually impaired children; 1974 on – mixed population including multihandicapped.

Materials Used

Northcott, W. H. (ed.) *Curriculum Guide: The Hearing Impaired Child – Birth to Three Years – and His Parents* (used in the laboratory program), Alexander Graham Bell Association. 1537 – 35 St., N.W., Washington, D.C. 20007. Cost: $8.50. 1977. 291 pp.

State Guidelines: Preschool Educational Programs for the Handicapped in Minnesota. Order from Documents Section, Centennial Building, Room 140, St. Paul, 55155. Cost: $2.00 (Code #5-9).

Descriptors

A comprehensive system of individualized educational services for families and children (self-contained; integrated programs) with severe behavioral delays: communication; cognitive; psychomotor; social/adaptive. Continuing evaluation: pupil, parent, program standards. Community technical assistance.

Financial Requirement

Per pupil cost (taken from 1974-75 evaluation) is estimated at $2,339.80. All costs were taken into consideration including inservice, report writing, travel, collection of evaluation data, etc. If only direct instructional costs are used, the figure would be $1,739.80 per pupil.

Program Evaluation

A formal evaluation plan is used to assess the extent to which standards are met in written objectives in 5 areas: clinical assessment; child development; parent/family education; interagency communication and coordination; program management. Child assessment includes: Preschool Attainment Record; Merrill-Palmer Scale of Mental Tests; PPVT; Minnesota Child Development Inventory; Video Tape Rating Scale. Fifty percent plus of hearing impaired (deaf and hard of hearing) enrollees have been integrated in regular classes in the elementary grades. Longitudinal research data indicates they are assimilated.

Adoption Criteria

General Criteria: It is expected that a State Department of Education will serve as the grantee, since the complete UNISTAPS validated model must be replicated as a systems approach to public school infant/preschool intervention. A portion of awarded project funds would then be forwarded to an identified local education agency (public school) for independent operation of the direct service program for children and their families in a jointly supported effort including local and state funds.

It is recommended that the laboratory enrollment be limited to children with developmental communication disorders (including the hearing impaired) birth to formal school entrance, with future expansion to a full noncategorical program for severely handicapped children. Assurance of continuation of the quality service program beyond the federal funding

*UNISTAPS = University of Minnesota; State Department of Education; Minneapolis Public Schools.

period is required. Contact the Handicapped Children's Early Education Program, 400 Maryland Ave., S.W., Donahue Building, Rm. 3105, Washington, D.C. 20202, for information.

Staffing: Coordinator; two teacher/parent advisors; two teacher aides. Part time specialists: family life; audiologist; social worker.

Facilities/Installations: Centers equivalent to the size of two remodelled classrooms are desirable, furnished to serve as a kitchenette, living area (small parent groups) and nursery room to permit auditory/cognitive/language stimulation through homelike activities.

Teacher training is a valuable adjunct to the program. Project funds can stimulate university/college coursework and practicum experience utilizing the laboratory programs as teaching stations.

Demonstration/Visitation

Visitors are welcome upon contact, laboratory school coordinator, Family Oriented Special Education Preschool Program, 0-4/5.

Presentations made upon formal invitation, including slide/tape and lecture/discussion.

Training Capability

Training is conducted through invitational special study institutes, site visitation to the laboratory program, interagency advisory committees.

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